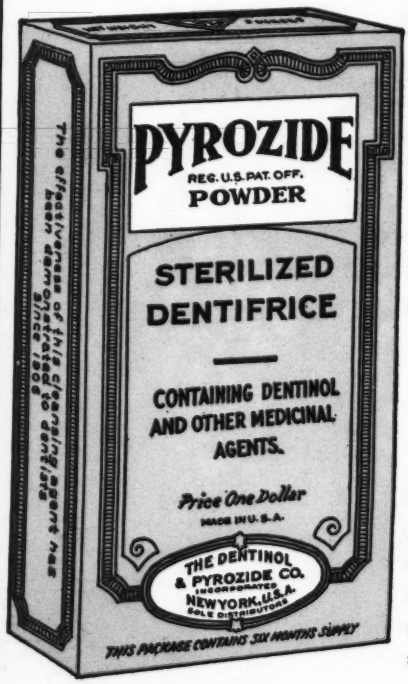
ORAL HYGIENE

November
1931

IT'S THE
GUM-GRIPPED TEETH

that can be repaired when necessary and permanently retained for valuable service



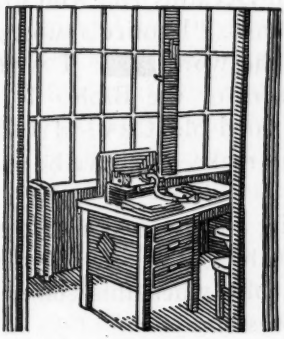
PYROZIDE POWDER

is especially prepared for the patient's co-operation with the dentist in effectively maintaining firm, healthy gums that grip the teeth and thus protect their roots.

•

Used as a tooth powder, it stimulates gum-grip and cleans teeth better. Use DENTINOL at the chair—prescribe Pyrozide Powder and note the result in cases under treatment for sore, spongy gums.

THE DENTINOL & PYROZIDE CO. INC.
SOLE DISTRIBUTORS
1480 Broadway • New York, N. Y.



THE *Publisher's*

No. 124

CORNER

BY MASS

SEPTEMBER is still among us, but the dead-line for the November CORNER has already raised its wicked head, and it appears as though something had better be done about it tonight.

Young Mass, requested to bring a bunch of grapes wherewith to lubricate the job, has just delivered a dishpan full—banging it down on the desk, with the excuse that he thought the order was for *bunches* of grapes. The brat!

And he's off, snickering, because the old man must rescue the CORNER pouch from beneath the tinware.

There are a lot of letters in the pouch, and some should have been fished out before now. Perhaps the department better play post office and let readers spoon their ration of philosophy from some other kettle this month.

The first that comes to light is from Dr. H. C.

Mitchell out in Decatur, Ill., who springs to the department's defense: "I notice a subscriber complains of the use of the word [redacted]. I wonder if he ever read Shakespeare or the Bible. If the use of the word [redacted] in good old ORAL HYGIENE is the only criticism he can make, I believe he should have held his hand . . . "

But the sting of the original reprimand hasn't faded very much, so the offending word will hide under a black blot when this comes out in print a couple of months hence.

Which may cause Dr. F. Arnold Bible, of Perth, Australia, to take back his compliment about "the freedom and abandon with which these pages are written." His pleasant letter came in an envelope bearing a new air-mail stamp, and was mailed on the day of issue, a circumstance which gives a stamp special value in philatelists' eyes.

It was sent forthwith to Dr. Thaddeus P. Hyatt, the Metropolitan Life's dental director, who treasures such things.

* * *

The CORNER seems to require a lot of defending lately.

The next letter that emerges from the pouch voices disagreement with Dr. G. E. Cox, whose complaint that the CORNER should confine itself to dentistry was printed in August.

Dr. Hubert C. Knight of Syracuse wants to know why. "Does Dr. Cox translate all his golf, fishing, billiards, or other respite terms into dental nomenclature? Tsk! tsk! Doctor, how could you?"

Dr. Knight says he believes every dentist should follow dentistry's technical literature closely—that

he should never quit studying—but that he should take some short mental holidays, too; perhaps by dallying occasionally with the more or less painless prose to be found in these four pages.

"He may even steal a look out the window at the fleecy clouds drifting in an azure sky, while hanging onto the celluloid matrix of a setting silicate restoration," writes Dr. Knight.

"If by some cruel fate his window overlooks a brick wall . . . he can take a lesson from Mass and drift through the wall into the land of redwoods."

* * *

And in a grand letter from Jim Howze, this: "There never was so much happiness as in just dreamin' dreams, like 'That Old Sweetheart of Mine' or 'Fishin' Jimmy'—or days of your own you can look back upon, or those you hope to live. They sweep away all time, all distance . . ."

* * *

The next letter was signed last month by a hand which Death has stilled—the hand of that kindly Scot, John Wilson.

He wrote to suggest an improvement in the magazine, which will be carried out—but did not live to read of our appreciation.

When a man like John Wilson dies, even a skeptic would wish to believe in a rewarding God. The citizenry of Heaven are welcoming a comfortable companion.

* * *

A letter postmarked New Haven brings a suggestion from Dr. Levine, Connecticut CORNER-Customer:

"You will recall that, during the War, a number

of dentists were inducted into the service as privates and were discharged as enlisted men. I refer only to graduate, registered dentists—not students or prospective students.

"I would appreciate it if you would write a few lines in your next issue, inviting all such men who served as privates, or in the enlisted ranks, all through their service, to notify your paper.

"We could then get organized and probably have occasional meetings at national conventions, and some good times. I happen to be one such and there were eight others in my regiment alone, the 304th Sanitary Train of the 79th Division, which was a Pennsylvania outfit. Dr. Bowers of Pittsburgh was the Division Dental Officer. How about it, Mass? Will you give us a lift?"

Certainly. The other boys may gather here in the CORNER and we'll help along any organization plans that eventuate.

* * *

And the next letter—which will be enough for tonight—is addressed by the McCrady-Rodgers Company, who want to sell something or other, to "Mr. Hygiene Oral"—it affectionately dears Mr. Oral.

But Mr. Oral is going to bed.

CHRISTMAS IS COMING

It won't be long now

A little extra cash won't hurt

You know where to get it, if you have any precious metal scrap lurking around your office, - - - - - from THE J. M. NEY COMPANY. Make an early hunt this year, to be ready for early Christmas shopping.

Have you any old rings, trinkets, watches, etc. at home? Why not send them along also? You will receive the same accurate returns, the same prompt attention to these as for your office scrap and grindings in the past.

THE J. M. NEY COMPANY

HARTFORD
71 Elm Street

NEY tested gold alloy

CHICAGO
55 E. Washington St.

ORAL HYGIENE

REA PROCTOR McGEE, D.D.S., M.D., *Editor*

November, 1931

PUBLICATION OFFICE: 1117 Wolfendale St., Pittsburgh, Penna.; Merwin B. Massol, Publisher; Lynn A. Smith, Treasurer; T. N. Christian, D.D.S., Assistant Publisher; J. J. Downes, J. W. Kaufman, Associates. Telephone, Fairfax 8300.

Illustrations by James W. Kaufman

CHICAGO: Peoples Gas Bldg.; W. B. Conant, Western Manager. Telephone, Harrison 8448.

NEW YORK: 62 West 45th St.; Stuart M. Stanley, Eastern Manager. Telephone, Vanderbilt 3-3758.

ST. LOUIS: Syndicate Trust Bldg.; A. D. McKinney, Southern Manager. Telephone, Garfield 0043.

SAN FRANCISCO: 155 Montgomery St.; Roger A. Johnstone, Pacific Coast Manager. Telephone, Garfield 8794.

LOS ANGELES: 315 West 9th St. Telephone, Tucker 6639.

Please address all manuscripts and correspondence to 1117 Wolfendale Street, Pittsburgh, Penna.

Advertising Index appears on page 2594

ORAL HYGIENE

Registered in U.S. Patent Office
Registered Trade Mark, Great Britain

A Journal for Dentists

Twenty-First Year | NOVEMBER, 1931 | Vol. 21, No. 11

"This is an imposition! You took out two of my teeth last April. Now you want another one!"

Another chapter from the late Dr. Kells' unpublished book—

BLACK —and "WHITE"

By C. EDMUND KELLS, D. D. S.

THERE are today, as I see it, two methods of filling teeth, and they are as opposite to each other as are the poles. The one is the conservative method—an old-time method; the other is a most radical procedure and is a comparatively modern method.

When I came along in 1878, cavities of decay in teeth were taken "as is" and shaped more or less according to the whim of the individual dentist.

"Whim" of the dentist? Well, maybe that is going a little too strong, but what I mean to say is this: first, the decay was removed, then the cavity was given a "convenience form" for filling, and it was this "convenience form" which would vary to a certain extent, according to the "whim" of the dentist, because he must give the cavity such a shape that he himself could fill it to the best advantage. There was no such thing, in those days, as standardized cavity preparation.

When small cavities started upon the adjacent *proximal surfaces* of the teeth, which teeth were in contact with each other, the teeth would be well separated by means of wedges, and this process required one or more days.

After these surfaces were made accessible by this preparatory wedging, considerable time was usually spent upon the preparation of the cavities in the endeavor *to keep them as small as possible.*

Then, after the fillings were completed and polished and the wedges removed, the teeth would go back to their normal positions, and frequently these fillings were so small that they could not be seen after the teeth had returned to contact.

All this took time and patience, and, shall I add, a certain amount of practice.

These small fillings, no matter how carefully made, did not always prove very durable; and, of course, if not skillfully made, they failed in a very short time. However, when they did fail, say at the end of four, or five, or ten years, they could be

renewed and the fillings *would still be small.*

Then the new fillings would run for another term of years, whereupon the process would be repeated. I have seen such small initial cavities *still small* at the end of thirty years and more, though they had been refilled several times in the interim.

In 1897, Dr. G. V. Black gave to the world a standardized cavity preparation — the *Black System* as it is known today—which very soon became very popular and was adopted, I imagine, by all the dental colleges in the land.

As generally understood, Dr. Black's ideas were these: the failure of these small fillings, such as I have just described and which I admit were by no means *permanent*, was due to the fact that their margins were not within the "self-cleansing areas" of the teeth. Food would pack between the teeth and débris would lie along the margins of the fillings and decay would recur about these margins of the fillings.

Now then, "extension for prevention" became the slogan. No matter how small the cavity upon the proximal surface of a molar, cut out the *whole* proximal surface of the tooth and also about three-quarters of its occlusal surface and put one whopping big filling (today it's an inlay) into the cavity just made.

Theoretically, that is all right. Extend the cavity margins into "immune areas," and of course the immune areas can't decay, and the whole of the proximal surfaces being restored with a metal, as a rule, they cannot decay; and so the tooth is filled for all time. But according to my observation, time has proven that this theory, like many other theories, did not register at all with the facts that developed in the case. Such large fillings as came to me from time to time, and many from some of the very best operators of the country, did not necessarily last indefinitely after all, and when they were lost, there remained very little of the natural teeth to be operated upon.

Reports from Colleges

Wanting to "play safe," as far as concerned my statements relative to what the colleges were doing, I wrote to a number of them for certain information.

Every college heard from endorsed the Black textbook, using it either exclusively or in conjunction with others, and of course all other textbooks of which I know follow the Black method.

Thus you see that since the adoption of Dr. Black's ideas, the practice of dentistry has been completely revolutionized, that is, as far as the teachings in the dental colleges are concerned, and also according to the methods advocated in our modern textbooks.

The teachings in the dental colleges must be according to the lines laid down in these

accepted textbooks of the day. That's dead sure.

Now then, if the teachings in the colleges are radically different today from what they were twenty-five years ago, it can well be seen that dental graduates of recent years can know either absolutely nothing, or very little, of the methods of practice that were in vogue during the preceding years.

Again, it will readily be admitted that there must be two kinds or classes of dentists these days. The one (in the majority), the younger and *modern* dentist who must practice along modern lines, not having been taught anything else. The other (in the great minority), the dentist (like myself), who learned his profession previous to this period, and, therefore, his practice is a mixture of old and new methods, according to what his judgment indicates.

Question: Is clinical experience of no value, or is it dependable? My response would be that clinical experience—the clinical experience of a rather careful and keen observer — is the most valuable of all teaching methods.

The most carefully prepared and analyzed and accepted theories are ofttimes found to be provided with a microscopic pinhole which prevents their holding water when the acid test of *time* is applied to them.

The "New Departure" movement of Dr. Flagg and his contemporaries; the Robert Arthur method of disking the teeth; the copper amalgam craze—all those started out with flying colors, but soon these colors were furled.

Take copper amalgam, for instance. Here was the smoothest working, most easily manipulated amalgam that was ever produced. Who could foretell that it was soluble? None other was. It took at least two years to learn that it was only a "flat tire."

Believing, therefore, as I do, in the value of clinical experience; observing with anxiety the trend of modern methods of filling teeth, I have watched with interest for some one of the "old timers" to come forth, before it is too late, with a description of these well-proven methods for the conservation of the natural teeth.

So far, no one has done so; therefore, I feel that I would be doing a duty—a pleasant duty —to the profession if I were to make the attempt myself to put before it, in this modest form, the *dentistry of yesterday*, which I, even at this late day, still believe to be the "best ever" for the conservation of the natural teeth.

* * *

Upon a careful examination of the accepted textbooks on *Operative Dentistry* of today —all, I find, are exponents of the Black system. One must recognize the fact that the Black system does not recognize the existence of small cavities; *it does not teach small fillings.* Not a single illustration of a small filling is shown in any of these books. The Black system

calls for the sacrifice of good and solid tooth structure, for the transformation of all (with minor exceptions) small cavities into larger ones, and *very large ones* at that.

It would appear to me that, in view of Dr. Ward's reflections upon this subject—"... the rapidly accumulating evidence that these large restorations have contributed largely to the devitalization of these teeth"—there really should be some effort made to lay before the dentists of today the old-time method of filling small cavities and keeping them small.

Filling of small cavities is nothing new. It is the making of all small cavities into cavities of enormous size that is new. It is my purpose to bring before my readers the "old timey" methods of *small cavity preparation*: the instruments for filling them and the methods for such filling.

Some of these methods and instruments are as old as the hills; others of both are of my own modification, but all of my practice of today is founded upon what was taught me years ago. The principles advocated herein are those that were advocated fifty years ago.

Now, just as a matter of convenience, it seems to me that it would be well to say that we really do have two systems of filling teeth.

1. The Black system, and the other—well, just for a matter of convenience, let's call it:

2. The "White" system.

The former is the system devised by Dr. G. V. Black, recognized the world over as about the greatest dentist that we have ever had. One has only to read his really wonderful books to marvel at his skill, his knowledge and his versatility. The "White" system is made up from the ideas of many minds.

The Black system is naturally the system of choice for all extremely large cavities. The "White" system is just as naturally the system indicated for all small cavities.

The two systems are not interchangeable; they are adapted to widely varying conditions, each to the particular conditions it can best take care of.

While it is true that all of these colleges previously referred to use the Black textbooks, and also that some of them report that they follow, to the letter, the Black method in all operative procedures, some few of the teachers do not follow or believe in his treatment of children's teeth, nor do they follow his teachings for all small cavities.

Here then, we must have these several colleges teaching methods of their own, and the boys only have these lectures and their demonstrators as their guides. They have no textbooks to which they can refer, and which will be their guides after they leave college.

It is my hope that these teachers will find the "White" system to meet their requirements, and thus these teachers and these boys will have something tangible as their guides.

Treating TRENCH MOUTH *with* ULTRA-VIOLET RAYS

By
ISAAC L. FOLSTEIN,
D. D. S.

TRENCH mouth or Vincent's angina, in the hands of the average dental practitioner, has been a long drawn out affair. It has been for the patient a most discouraging and a most disgusting disease of the oral cavity. So unpleasant is it that I have been told by patients that they would rather have all their teeth drawn than continue to suffer any longer. And the longer the disease is allowed to linger, or the treatment prolonged, the more unpleasant his situation becomes to the sufferer. The odor of the mouth is nothing less than a stench and the taste experienced by the victim is enough to cause vomiting sometimes. Should the patient be one of scrupulous and overly clean habits, he feels almost as one condemned and, fearing detection of the odor by those with whom he comes in daily contact, he avoids everyone, and so is mentally and physically ill at ease. The disease is also extremely contagious, as it is easily passed on by contact, directly and indirectly, and that, in fact, is the real reason for its being so frequently seen and so prevalent.

The disease is often mistaken for some other malady, especially in its early stages, and naturally is allowed to progress that much further in the time lost in not checking it. Its progress is very rapid and its devastation almost unparalleled by any other scourge within the same space of time.

It presents a marked sloughing of the gums, particularly around the gingival margins and around the necks of the

This, the Sixth Article by Dr. Folstein, concludes the present series.

teeth. A white ring encircling the teeth can be plainly made out at the gingival margins. Underneath this white ring the gum tissue is distinctly angry red and puffy and, upon the slightest provocation, bleeding will start. The entire soft tissue of the mouth seems to be covered with a slimy and sticky, white salivary deposit and with this, the odor of the mouth is both fetid and very disagreeable. The taste is one of saltiness and often a bitter one, and all in all the patient is ill at ease.

On the teeth a thick salivary deposit is very noticeable and as fast as the patient removes it with the brush, it reappears within a few hours. A thick brown deposit forms about the necks of the teeth. It is as hard as calculi and cannot be removed without the use of scalers. The saliva is very stringy and much mucous is discharged at frequent intervals by the patient.

When a patient presents with these symptoms, it is advisable to take a smear from around the gum margin and have it examined at the laboratory. This will always set the operator on the sure course and avoid any and all trouble later. If this examination shows the positive presence of the spirillum of Vincent's, we proceed with the following course of treatment:

Adjusting the three-quarter open applicator to the ultra-violet ray lamp, the patient is given a one minute exposure in every section of the mouth. It is best to divide the oral cavity into four parts and ray each part separately, both facially and lingually. Nothing else should be done at the first appearance. The patient should be instructed to avoid the use of any medication, to refrain from using the toothbrush, and to be careful not to put his fingers, handkerchief, or towel into his mouth. He should be made aware of the nature of his ailment and told that this disease is very contagious and that it is necessary that he take steps to avoid infecting those about him. He is told to report on the next day.

When the patient reappears the next day, there is one thing that is at once noticeable, and that is that the disease has not spread. This is very significant and encouraging since this ailment spreads very rapidly. The patient, when asked, will doubtless report a comfortable night. The visible changes are few, but the mouth is no worse than the day before. The rays are again applied, for a minute and a half at this time, and again the pa-

tient is instructed to return on the following day. The same instructions are continued.

The patient returns the next day, filled with hope. He seems more cheerful and will report that he has been more comfortable since his last treatment, that the odor seems to be not so strong and the breath less foul. The mouth tissues seem slightly less affected, but still there is present that whitish deposit all about the soft tissues. The rays are administered again, for two minutes, and the patient dismissed, for two days. When the patient reappears he again reports more comfort and less pain.

With a set of scalers, the deposits about and under the gingival margins are now removed. This operation is both a bloody and a painful one and should be done very carefully and slowly. It is not necessary that the entire set be cleansed at one sitting; in fact, it is advisable that it be done in two visits, but the ultra-violet rays should be given at each visit before dismissing the patient, each time for a half minute longr.

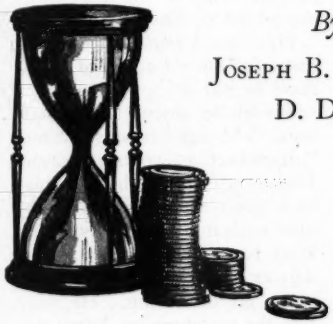
Within a few days after the scaling the operator will notice a distinct change in the entire aspect of the mouth. The gums have changed from a dark reddish hue to a distinct normal pink tone; the white deposit has entirely disappeared, and the sloughing of the gums, so characteristic of this malady, has also vanished. Rarely does the treatment have to last more than two weeks. With the proper care and with the co-operation of the patient, it may take less time. When the case seems normal and the patient complains of no further trouble, it is advisable to take another smear from about the necks of the teeth and send this to the laboratory for analysis. If this report shows no presence of the spirillum of Vincent we may safely say that the case has been cured.

Dr. Adams Disagrees

C. T. Betts, D.D.S., of Toledo, Ohio, says in the July issue of ORAL HYGIENE [p. 1509], "There is no legitimate use for whiskey in the dental office *except* for the purpose of breaking not only the eighteenth amendment but also character, virtue, chastity, and all other attributes that are good throughout our land."

I will have to disagree with Dr. Betts as to what constitutes the legitimate use of whiskey. I do not believe that the legitimate use of whiskey either in the office or outside of it is breaking the eighteenth amendment, "character, virtue, chastity and all other attributes that are good throughout our land." I do not believe that even a small percentage of the dentists use or would use it, even if they could get it for the purposes stated as "legitimate" by our dry friend, Dr. C. T. Betts.—S. T. ADAMS, D.D.S., *Tucson, Ariz.*

An OLD AGE RETIREMENT PLAN *for* Dentists



By
JOSEPH B. JENKINS,
D. D. S.

IT has been stated by physicians that 90 per cent of their cases would recover without medical attention. Not one of the dental diseases makes recovery without the interference of a dentist.

Many of the business enterprises, trades, and professions may, in the future, be eliminated; but the dentist seems to have a permanent place in the scheme of things. Dental diseases, of all ailments, are most prevalent, and yet only a dentist can render dental services.

The physician gets paid for trying, but a dentist gets paid only for delivering the goods.

Surely one who renders as indispensable a service as characterizes the dental profession has a right to expect from civilization, which he serves faithfully and well, a comfortable existence, educational and cultural advantages for his family, and a reasonable assurance that he will not come to dependence upon organized charity, a change of occupation, a small business for which he has little capital, less training, and no liking, or that saddest of all figures, an unwelcome guest in the home of a near-relative when his productive years are past.

Dentists who have given all their thought, study, and attention to the pursuit of their profession, have little or no fitness, training, or qualification for the highly competitive field of commerce or trade when compelled to leave dentistry.

Owing to the hazards to life and health and the shortness of his professional career, averaging about twenty years, the dentist should adopt a financial scheme that will not demand heavy payment beyond the age

of fifty. At that age the average dentist has passed the peak of his ability to deliver dentistry, hold his better clients, and realize more than a living income from his profession. His unproductive years must have been provided for BEFORE that time, if at all.

That this provision has NOT been made will be attested by the figures revealing the fact that at the age of 65, only five out of every one hundred are independent, the other ninety-five being dependent or partially so.

The sketch (on pages 2388 and 2389) illustrates somewhat the financial phase of the dentist's career, and the relation it has to the other phases of his scheme of life. The drawing shows the source of the dentist's income, where his gross deductions go, what he may expect as living expenses, his surplus, if any, and what disposition of it will, on maturity, assure certain and definite care for him and his dependents for the days that come to every dentist when he can no longer render a profitable service to humanity.

The dentist starts at scratch at the time of graduation from dental college, which has cost him no less than $6,500 and four to six of the best years of his life in preparation. He opens an office on his credit or borrowed capital, costing no less than $2,500, and sets about to establish himself in practice.

When he is compelled by age, premature breakdown, or other incapacitation to retire from practice, the income from his profession and overhead expense are simultaneously cut off, but living expenses go on just the same.

It is living expenses that concern us all, and which I wish to consider here. They can come only from his professional *activities,* the dentist's MAIN CHANCE. This support can be provided only in the brief earning period of his life.

How much shall a dentist put away for his old age, and where shall he put it?

I wish to amend the expression, "old age," and substitute "unproductive years" instead. Please remember that he may be a good man, a fairly young man with many years yet to live after becoming incapacitated to deliver dental service. Yet he must go on living. He may, like the watchmaker, know ever so much about his calling, but if his eyesight fails, or his hand trembles, he can no longer follow his vocation, though in excellent physical condition otherwise, with many remaining years to live.

How much shall a dentist put away for unproductive years?

The amount necessary to maintain one through these years varies with the living standard of one's family, fluctuation of money values, the fortunes or misfortunes that might increase or decrease one's needs.

If one's living standards are very high it will naturally require more to supply them. If one lives simply the needs are less and more easily supplied. If money values fluctuate one

may find his accumulations and income far short of his needs. If one found his family increased or decreased in number by accident or birth, adoption or death, his monetary needs would vary accordingly. Likewise if one of his family falls ill or suffers injury, the needs might be far greater than he had anticipated.

Since no ship can reach a definite seaport without being steered against wind and current according to a charted course, neither can a definite goal be realized without following a definite plan. Realizing how strictly limited is a dentist's income, very early in his career he should determine its possibilities, his years of expectancy, the approximate amount necessary to provide for him and his dependents after retirement, let the remaining amount for living expenses determine his living standard, and then set about systematically to provide for that income in a manner that will permit of no possibility of miscarriage or slip-up of his plan.

In this matter we can deal only in averages and generalities which may be altered to fit the individual requirements. Communities, living standards, incomes, and individuals vary so widely that only an average case will be considered.

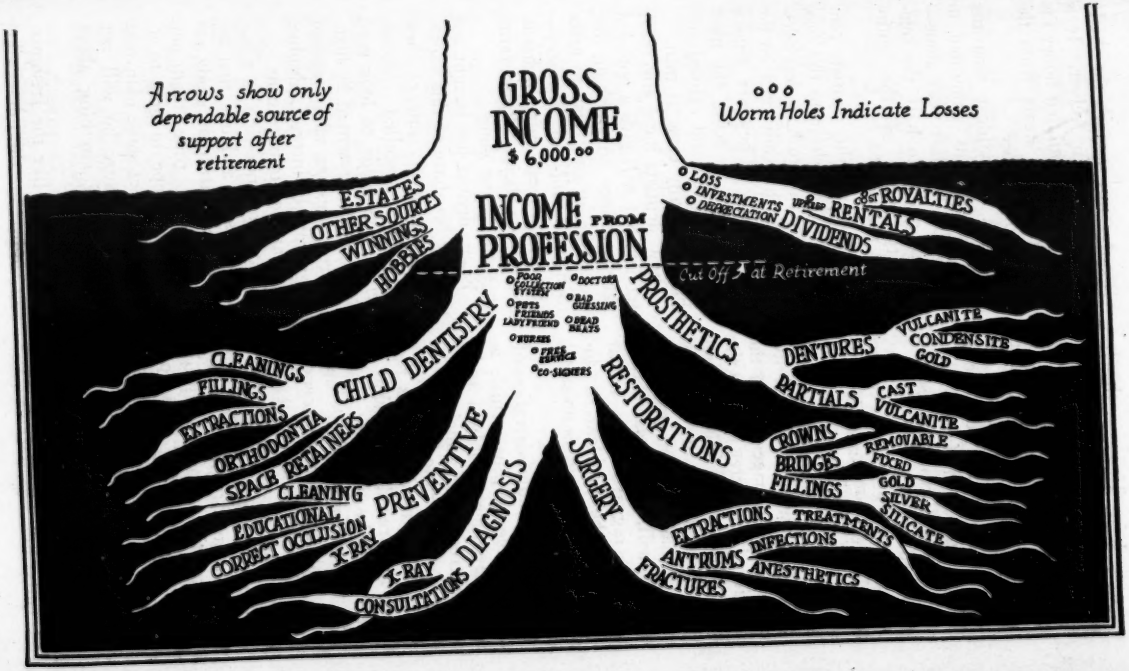
Let us take a hypothetical case: a dentist of thirty years with an established practice of $6,000 a year, equipment and education paid for, in an average community, is planning the foundation for his old-age independence.

On such a limited income his program must necessarily be a modest one, one that will not require too great sacrifice to mature. It has been said that in this day of economic mismanagement, colossal waste and governmental blundering, that "in order to avoid poverty we must practice it. To escape pauperism we must live like a pauper, and in order to enjoy the world we must persistently reject its beauties." Surely not a pleasant outlook for one who loves life and who is earning the right to enjoy it. There should be a happy medium where one might live comfortably within one's income, and yet realize a competency for the unproductive years ahead.

The usual course is to deduct the overhead or operating expenses and live on all that remains, sometimes more. IF there be a surplus after all the installment payments have been met it is usually lost in some highly recommended investment that proves to be a speculation.

The division of the net income has always been made exactly the reverse of what it should be. Instead of elevating the living standard up to and beyond the limit, let it be determined by the amount left after the retirement fund has been taken care of. In other words, take care of the retirement fund first and live on

NEW COMPANIES
MARKET PRICE
SHRINK FARMS
OIL
MINING
GRAPE FRUIT
WILDCAT
BONDED SECURITIES
FARM LANDS
BUILDINGS
HOUSES
REAL ESTATE
ROYALTIES
INFORMATION
ADDITIONAL HELP
OFFICE REDUCED
SURGICAL
POST-GRAD. COURSE
DR. TALK
YOUR OWN BUSINESS
NEEDED EQUIPMENT
LONG DISTANCE
LEGAL
DUES
LAB. WORK
DENTAL
SOCIETY
SALARIES
CHRISTMAS CARDS
POSTAGE
TELEPHONE
STATIONERY
CAR
MATERIALS
ANESTHETICS
CHEMICALS
GOODS
PORCELAIN
RENT
POWER
LIGHT
HEAT
DEDUCTIONS 25%
OR 28%
OVERHEAD 35%
$2000.00
Cut Off at Retirement
WORK
RELAX
RESIDUE
OR SAVINGS
$1500.00
NET
INCOME
$4000.00
SAVINGS BANK
SUPPLY HOUSE
ESTATE
PROTECTION
OLD AGE PENSION
LIFE INSUR.
CHECKING BANK BAL.
VACATION
CAR
RAILROAD
TRAVEL
SELF
FAMILY
LIVING
OR
PERSONAL EXPENSES
$2000.00
SICKNESS
CLOTHING
EDUCATION
CULTURE
FAMILY
SELF
GROOMING
LUXURIES
GOV., FUND
CHARITY
CLUB
SOCIAL & CIVIC DUTIES
CAR
REPAIR
SUPPLIES
CAUSED
STOLEN
ACCIDENT
HOUSEHOLD
UPKEEP
TAXES
PAINT
ROOF
GROUNDS
DEPRECIATION
5% to 10%
SAVING
FURNITURE
RENT
LIGHT
HEAT
WATER
INSURANCE


Arrows show only dependable source of support after retirement
GROSS INCOME
$ 6,000.00
ooo Worm Holes Indicate Losses
ESTATES
OTHER SOURCES
WINNINGS
HOBBIES
INCOME FROM PROFESSION
Cut Off at Retirement
LOSS
INVESTMENTS
DEPRECIATION
UPKEEP
INTEREST
ROYALTIES
RENTALS
DIVIDENDS
FOOD POLLUTION
DOCTORS
BAD GUESSING
DEBTS FRIENDS LAZY FRIEND
DEAD BEATS
NURSES
FREE SERVICE
CO-SIGNERS
CHILD DENTISTRY
CLEANINGS
FILLINGS
EXTRACTIONS
ORTHODONTIA
SPACE RETAINERS
PREVENTIVE
CLEANING
EDUCATIONAL
CORRECT OCCLUSION
X-RAY
DIAGNOSIS
X-RAY
CONSULTATIONS
SURGERY
EXTRACTIONS
ANTRUMS
FRACTURES
RESTORATIONS
CROWNS
BRIDGES
FILLINGS
TREATMENTS
INFECTIONS
ANESTHETICS
PROSTHETICS
DENTURES
VULCANITE
CONDENSITE
GOLD
PARTIALS
CAST
VULCANITE
REMOVABLE
FIXED
GOLD
SILVER
SILICATE

what is left. If, as in this hypothetical case, there remains $4,000 net income, $1,500 or more should be placed in the retirement fund, leaving about $2,400 a year for living expenses. This may be done in fair comfort if the family is not too large and expenditures well regulated.

Our dental economics courses have heretofore confined themselves to the roots and one branch of our economic tree. They have wisely left the living expense management to the individual, or better still, to the individual's wife. The successful management of our resources, making them go as far as they will, at the same time avoiding niggardliness, is at least half the problem of domestic life and requires no small degree of ability.

The proper administration of this variable surplus, which is all too frequently only a twig on the tree, is the main issue for our consideration.

Now that the dentist has the fifteen hundred dollars, what is he going to do with it?

In this decision lies his only hope for future independence. What does he usually do with it? It is only a half-truth that "It is not what you make but what you save." Allow me to substitute this more truthful proverb of my own, "It is not what you MAKE or SAVE that counts, but what you Do with your savings."

Remember it is only your savings that are lost in pseudo-investments and speculations. It is only your savings the sharks are after—your velvet. It is only the accumulated honey the thieving moth steals from the hard-working bee.

Losses in wildcat securities and speculations amounted to $300,000,000 last year alone—a sum equal to half the community funds of the entire United States.

I am sure the dentists contributed their share to this loss. They are said to have less sales-resistance than any men on the sucker lists. They are known to salesmen as being the most easily flattered and cajoled into buying of any class of men.

Few dentists have any ready money, but will give a note and take a chance on anything that looks like an easy way to make money—*outside* of dentistry—orange groves, nut orchards, marriage policies, skunk farms or—what have you?

Every dentist has bought and paid for his share of this worthless stuff. Every one of these worthless so-called "investments" was made to look good to the buyer, presented by high-powered salesmen who promised a high rate of interest, absolute safety and certain returns.

Successful investing is a science in itself, and one that requires concentrated study to master, more time than any dentist can hope to give to it. If he will select some plan that is absolutely sure he will not need to know anything about investments.

He may be like the Irishman who applied for the job of pilot

on a Mississippi River steamer. When asked if he knew where all the snags were he replied, "No, but I know *where they ain't.*" If we know one safe place for our savings, we do not need to know all about investments.

Most rental property as an investment for dentists is a delusion and a snare. If he has much practice he hasn't the time necessary to look after rental property. Real estate is a business in itself, and it takes a specially trained man giving his entire time and attention to it to make any considerable success of it. Oil and mineral royalties, it is said, seldom pay out. As to bonded securities, and "taking your banker's advice," witness what has happened to that type of investor.

Put it in a savings bank, and it is frequently a total loss if the bank fails, as did over 7,000 banks in the past ten years.

Accumulated in bank accounts and securities, it is a standing invitation to blackmail, fake damage suits, and every soldier-of-fortune with a get-rich-quick scheme to whom you might yield in a weak moment. Just one stroke of a pen and it could all be lost—to the last sou.

Property left to the widow is subject to expensive probation, delay, a heavy inheritance tax, and fat fees for the lawyers. Eighty-five per cent of all estates left in a lump sum are dissipated within seven years, leaving the family penniless.

What should a dentist with such a modest amount require of an investment? There are seven cardinal principles or requirements that it should meet:

First—That it be SAFE.

Second—That it require little or none of his salable TIME to look after it.

Third—That it pay a certain and stipulated return on the investment.

Fourth—That it be unaffected by fluctuations in the stock market.

Fifth—That he feel bound to invest regularly and systematically.

Sixth—That it be accessible only WHEN and As needed.

Seventh—That it be INACCESSIBLE in a moment of weakness or irresponsibility.

I know of only one type of investment that will meet all of these requirements, and that is an intelligently planned life insurance program in the form of an annuity or retirement fund.

It has elements of safety, certainty of yield, stability of value, availability WHEN and As needed, is safe from all manner of losses and swindles, borrowing friends and relatives, and even safe from one's self. It requires no time or attention of the investor—a combination of features not found in any other type of investment.

This plan, by combining with a non-cancellable disability income policy, can be carried to maturity even if the dentist should become partially or to-

tally disabled. Be sure this particular provision is stipulated in your program to protect you against any possible slip-up in your plan.

This will provide an estate that is INSTANTLY CREATED, the moment you sign—not subject to judgment in alleged damage suits or to inheritance tax, is safe from swindlers, where neither fire, flood, nor famine, bank failure, or absconding cashiers can touch it. Not even premature death or disability can defeat it.

Not wishing to carry this investment burden beyond fifty years of age, the dentist takes a twenty-year contract, which will upon maturity yield $250 to $275 every month as long as he or his wife may live.

To accomplish this same result in investments would require about ninety thousand dollars in government bonds, which is out of the reach of the average professional man.

This kind of contract can be bought for about fifteen hundred dollars a year, which is easily within the scope of a professional man on a small income —totaling about thirty thousand dollars paid in as premiums, yielding in returns at least forty thousand dollars and showing a very neat interest return as well as absolute protection to himself and family from the very beginning—enabling him to retire in comfort and *dignity* when compelled to leave the profession.

This amount of income from the profession and a savings plan to be met regularly will require one to live modestly, not permitting of any form of speculation, for the very good reason there will be nothing left with which to speculate.

If after his retirement program has been wisely planned and faithfully executed and he finds there is still something left, if he feels lucky he may plunge without jeopardizing the welfare of his family and his own old-age comforts.

With his declining years safely provided for, the professional man's mind is free to devote his full time, clearest thought, and closest attention to his profession, which is most conducive to a long, happy, and useful career.

Greater New York December Meeting

The seventh annual Greater New York December Meeting will be held at the Hotel Pennsylvania, New York, November 30 to December 4, 1931. An invitation has been accepted by the Chicago Dental Society to supply all essayists and clinicians for the entire meeting. There will be a joint meeting of the five County Medical Societies of Greater New York and the First and Second District Dental Societies. A manufacturers' exhibit will be held in the Hotel simultaneously with this meeting.

The Vitamins *in* Mouth Hygiene—4

By FRANK H. PECK, M. D.

(Conclusion)

VITAMIN E

THE antisterility vitamin closely resembles vitamins A and D in many ways, both chemically and physically, but differs widely from them in its sources. The richest of these is the oil of wheat germ and lettuce, but it is generally present in the vegetable oils. Milk and butter-fat contain it in small amounts, as do many of the animal tissues, but never in a concentrated form. Cod liver oil is practically free of this vitamin.

Vitamin E is essential for production but in an entirely different way from vitamin A or the other vitamins. Instead of effecting ovulation, as is the case of vitamin A, the absence of vitamin E causes a complete failure of the placental function, followed by the death of the developing fetus and its resorption.

The body is believed to be capable of storing vitamin E to a certain extent, but less so than either vitamins A or D. As will be seen, vitamin E has little in its functioning to interest the dental profession directly.

It needs no elaborate comparison of the effects now generally attributed to the various vitamins individually to reach the conclusion that an extremely close relationship exists between their functions. There is a constant overlapping that frequently makes differentiation difficult.

It is probable, for example, that in the arrest of growth, there is no specific pathology, but rather that it is the effect of impairment of many functions. Loss of weight, too, is in all probability the accruement of a variety of conditions.

On the other hand, the xerophthalmia of avitaminosis A and of degenerative epitheal changes, the atrophy of lymphoid tissues in avitaminosis B, the effects of vitamin C deficiency upon the collagen fibrils and capillary circulation, and the marked lowering of the blood phosphorus in avitami-

nosis D, together with the vicious chain of conditions that each engenders, must be attributed to a definite specificity.

The growth, reproduction, and death of living things that constitute life, vegetable and animal, lead to some wonderful consequences; but it is questionable if any are more marvelous than the functioning of these infinitesimal vitamin substances in relationship to metabolism, and the profound and far-reaching effects of their deficiency upon the animal kingdom.

Every species is the product of its environment. As long as the conditions under which it lives remain the same, the natural tendency is for it to become more and more fitted to those conditions, and the more dependent upon them.

And so it is with the vitamins. They are not in themselves foods; they are nutritional supplements, adjuncts of the dietary that the animal kingdom has come to depend upon to aid in the metabolism of certain food elements that were perhaps not attuned in the beginning to the body needs.

When the conditions upon which the species has come to depend, change, it too must change, generation by generation through the slow gradual processes characteristic of Nature's methods. If, from any cause, conditions alter too rapidly for Nature's mechanism to adapt itself, disaster, even to the extermination of the species, is apt to happen.

This is the dietary problem of the present generation. In the refinements of manufacture and preparation of food materials, science has so far outstripped Nature in speed that mankind has been unable to adapt itself and is paying the penalty of diseases due to shortages in both the vitamins and mineral elements. The conclusion now appears to be amply justified that the American people, rich in everything that makes life worth living, are dangerously near the danger line of deficiency in both vitamins and mineral elements.

The research of the past few years in connection with the biochemistry of the dietaries of both man and the domestic animals is teaching the public the importance of constantly maintaining sufficient amounts of the various vitamins and mineral salts in the daily food, but it is impossible to think of the uninstructed and but casually interested layman being capable of applying that knowledge to his particular needs unaided.

Professional guidance will be necessary for generations to come. Moreover, that guidance must come from those who have a sound understanding based on the principles of physiology and medical science, and whose calling keeps them abreast of the recent discoveries and ever changing picture of vitamin therapy.

And that guidance must come from the dental, as well as the medical profession.

Thanks to the more liberal

attitude of these professions in the past, dentistry and oral hygiene have far outstripped medicine in establishing in the minds of the public the need of regular periodic visits purely in the interest of prophylaxis. Moreover, there is no part of the body that in such routine examinations will more quickly indicate avitaminosis than the oral cavity.

And after all, it is the dental profession that is looked upon as the official guardian of the portal through which the great majority of infections find entrance to the body. It is chiefly in the mouth and adjacent tissues that those infections occur that are most susceptible to metastasis and produce so many ill effects throughout the body.

The relationship between these infections and defective metabolism and between avitaminosis and mineral deficiencies is too close to permit of the dental profession's ever regarding its obligation to guide and lead the public as secondary to the obligations of any other profession.

Eastman Donates Million

Dr. Harvey J. Burkhart, representative of George Eastman, who recently donated a million dollars to a dental clinic in Sweden, arrived in the Swedish capital recently to talk things over with his colleagues. Left to right: Dr. Burkhart, Mrs. Burkhart, Nils Bouveng, Stockholm representative of the Eastman Company, and Dr. J. N. Sandblom, dentist to the Royal Swedish Court.


Nay, after the arms-maker
is paid, then shall we pay
the chirurgeon ~ ~ ~ ~ ~ ~


Why worry about the dentist? wait till we pay for the television
PHILIP A. DORTH

A Chance *to* Vote *on* RECIPROCITY

Dear ORAL HYGIENE:

I JUST want to agree with what Dr. Hess says on reciprocity in the June issue of Oral Hygiene* and to offer a suggestion. This subject has been discussed for years and is no nearer a solution than when it was started.

In the first place, statistics have shown that there are not nearly enough dentists—good, bad, and indifferent — in the country to do the necessary dental work for the health and physical welfare of the people.

There are many populated districts, so our records show, where residents must go many miles to get dental service. Of course, these sections are in contrast to the many crowded centers in which the majority of the dentists are trying to work, preferring the "white lights" to the quietude of outlying sections.

The science and technique of modern dentistry have advanced far beyond the knowledge and skill of a large percentage of the dental profession of all classes, and the service that is being rendered under these conditions, in a large number of cases, is not what is best for the patient, but is based rather on what the dentist can do, or can get out of it. The result is that much of the "service" is more injurious than beneficial.

Every state, as well as each section in the country, contributes its quota of the various classes of dentists, so why not raise the barrier and with the payment of a nominal registration fee in every state and county allow the dentists to move at will?

Each state might get rid of some of its worst and once in a while would get a good one or two. The rules and regulations of our different states, in so far as registration is concerned, do not protect the public, but they do protect the dentists who stand in fear that their immediate section or state will be overrun and that they will lose a few patients.

The thing that is going to do humanity the most good, be the greatest aid to dentistry, and do the most toward the elimination of the undesirable and inefficient dentist, is the education of the public as to the necessity and real value of efficient tooth-saving, health-producing dentistry, as diagnosed and provided by the

*ORAL HYGIENE, June, 1931, p. 1275.

well-trained, experienced, efficient, and honest dentist.

Our suggestion is that through the next issue of ORAL HYGIENE, you send out a questionnaire covering the subject and earnestly request all dentists to fill it out and return it. Then, as Dr. Hess says, let's all be governed accordingly.

—F. WIGGINS, D.D.S.,
Wallins Creek, Ky.

ORAL HYGIENE *is glad to accept the Wiggins-Hess suggestion, and prints herewith a "ballot" for readers' use, hoping thus to develop a cross-section of opinion on the much discussed subject of reciprocity. Please mail your vote to "Reciprocity,* ORAL HYGIENE, *1117 Wolfendale Street, Pittsburgh, Pa."*

☐ I believe in the principle of national licensing.

☐ I am opposed to the principle of national licensing.

Name.....

Address.....

.....

Remarks.....

.....

.....

(*Voters' Names Will Not Be Published*)

Feeling Dentistry's Pulse

By
DIAGNOSTICIAN

GROUP thinking is often distinguished by epochs of intensity on particular subjects. In dentistry, yesterday it may have been the pulpless tooth or dental economics; today the hue and cry may be about panel and state dentistry or the Council on Dental Therapeutics, while tomorrow, if we may venture a prediction, advertising and publicity by the profession will be coming in for hot and eloquent discussion.

Printers' Ink of July 30 gives these recent precedents to bolster up the case for professional advertising: the county medical societies in Tacoma, Seattle, and Los Angeles, are using newspaper space, cards in the classified advertising pages of the telephone directory, and radio talks, respectively. To be sure, in other parts of the country there are many more campaigns.

Now comes a proposition before the A.D.A. to conduct a national campaign of educational advertising. Most dentists, except the hopeless Traditionalists and the Tories, will approve of a public educational plan — some with codicils and provisions attached, some with a quick acceptance of any plan regardless of how bizarre and fantastic.

Our enthusiasm, however, should never seduce us too completely. We should not join the mad brigade of advertisers who make such extravagant claims and use a technique that merely makes the advertisers appear ridiculous in the public eye: "Avoid ashcan breath, use toasted cigarettes"; "Six times a co-ed but never a graduate. Shun the untouchables"; "Sign the coupon today and be Ambassador to Graustark tomorrow."

You may say, "Of course, *we* won't go in for such things. Our advertising will be of a high class, done by big agencies."

Well, so too is the extravaganza done by some big-time, high-priced agencies—at a fee

of about 15 plus per cent, by the by. If we are going in for educational advertising, as a profession, on a national scale, we must insist that *all* copy be passed on by dentists who know their way about the World of High Pressure Salesmanship and who combine good business sense with the best professional ideals. After all, we can't kick our traditions overboard overnight and make a lightning-like transition from professional man to merchant. Neither do we want to. Our best interests and those of the public will be served if we preserve our professional status.

Now, granted that the spectacular advertising of many contemporary businesses is successful—cigarettes and pharmaceuticals, for instance—that does not mean, however, that such a method would sell our services. We are supposedly scientists dealing with facts and not fiction; we can't go in for outsloganing somebody else. That leaves us, then, with this course to follow: we must use a dignified, accurate, educational method. And who would read that copy? The intelligent public; but they are already pretty well-informed (not completely, I will admit) and they are in the minority. The public that we would want to reach—that vast public that the spectacular advertiser is interested in—could not be reached effectively with dignified, factual advertising copy.

Are we prepared to lend our support and approval to *any* and *all* kinds of advertising?

* * *

Owre is at it again!

The dean of the Columbia University School of Dental and Oral Surgery is a master of at least one craft: he has solved the problem of publicity to the extent of spreading his theories on dental education over the potent pages of *The New York Times* and the *New York Herald-Tribune* to the sum of three columns.

What he terms the "vituperative opposition" of organized dentistry to any changes in dental education comes in for his public wrath. This "vituperative opposition" on the part of the profession, by the way, consists in the main of:

1. Insistency upon the preservation of the personal relationship between practitioner and patient — professional individualism.

2. Perpetuation of dentistry as a separate and distinct profession.

3. Opposition of his super-dentist-satellite laborers plan of group dental practice.

Incidentally, a correspondent sends us this information which may by chance be a criterion to measure Owre's success as a dental educator:

"From the U. S. Department of Interior, Office of Education, Circular No. 33 on Dentistry (Walter J. Greenleaf) rates

Columbia School of Dental and Oral Surgery thus:

Rating—B

Enrollment (1928)—158

Graduates (1928)—32—*sixteen of whom failed to pass the State Board Examinations.*"

Although from this evidence it might appear that Owre is not a howling success as a dental educator under the present conditions, we should appreciate his abilities in other fields; namely, as a high-powered publicity man (one who can get three columns in two important metropolitan dailies). Why shouldn't we, then, recommend Alfred Owre to the Trustees of the A.D.A. as the director of the proposed Publicity Bureau of the association?

Here's my vote for Owre.

* * *

The United Press reports the following in the domain of public dental educational activity:

"During the Eighth International Dental Congress Dr. Jacques Guinat, head of the dental clinic of the Paris School of Surgery, started an educational campaign by the use of carrier pigeons, to whose legs were attached instructions on how to keep the teeth from decaying.

"The instructions were printed in simple language, briefly, and distributed not only by pigeons, but were tied in packages to toy balloons which floated over the city and dropped their messages among people in every walk of life."

The scientists at the congress found further that the teeth of the French are normally good "because of the antiseptic qualiteis of wine and the gymnastic endeavors required in chewing French bread."

Therefore, we respectfully submit, with tongue in the cheek, the following suggestions:

1. Bring before the Publicity Bureau of the A.D.A. the case of advertising by the use of carrier pigeons and toy balloons.

2. Recommend to the toothpaste manufacturers a high wine content or flavor in their products.

3. Carry before the House of Delegates of the A.D.A. a suggestion for the repeal of the Eighteenth Amendment in the interest of the public dental health.

4. Establish a Council on Foods that will determine the hardness and toughness of bread for public consumption. But if economic conditions do not improve, possibly we will all come to hard, black bread anyway.

And that may be another compensation for the depression.

Believe it or Not

Believe it or not, but Dr. P. G. Toothman practices dentistry in Monongahela City, Pa.

Dentistry *in* Soviet Russia

By
CAPTAIN
GEORGE CECIL

THOUGH Russia is unsettled, dentists have little to complain of, for the government studies their interests, and, if many patients cannot afford substantial fees, practitioners at least make ends meet, something often being left over.

This, however, applies principally to the large towns; in the remote country districts conditions are less rosy. The moujik (peasant) falls back on the free dental hospitals; others, whose struggle with life seems never-ending, also are forced to avail themselves of charity.

Still, the dentists, on the whole, are not unprosperous, especially when they give satisfaction; contented patients return, continuing to do so until death steps in and relieves them of oral troubles. And being grateful, the Ruski does not fail to recommend the practitioner, who thus secures much business. He could not have a better advertisement than a satisfied patient.

Until recently, a large proportion of Russians paid little attention to their decaying teeth. When pain set in, the sufferer applied to a local chemist for something which, according to the pharmacist, was guaranteed to afford relief. After repeated attacks, a dentist had to be consulted, and he, finding the offending tooth past all hope, extracted it. The waste of teeth was, as can be imagined, frightful.

THE STUDENT'S TRAINING

For many years the dental schools in Russia were privately owned, a board of physicians occasionally inspecting them. The government now controls them all, each student periodically being submitted to an examination which leaves no loop-holes for escape; indeed,

the young man who has idled away his time soon discovers that the examiners are not to be trifled with. The dental surgeon in-the-making, having passed the examination in general knowledge imposed by the state, enters upon a six-year course. During the first twelve months, pathology, bacteriology, physics, biology, embryology, anatomy, chemistry, and the theory of dentistry are taught, mechanical work on extracted teeth also being part of the system. The second year is taken up with clinical experience, consisting principally of extractions, the remaining term being devoted to assisting, under expert guidance, in a dental hospital. Thorough is the student's training while fees are so arranged that a comparatively poor man can afford to send his son to college. The wind is tempered; no shorn lamb need apply in vain to the principal.

Having passed his final school examination, the sixth year student appears before the government board of examiners who put him to a severe test in every branch of dentistry. Satisfying these learned ones, he is granted the coveted diploma, receives the congratulations of his friends and relations, and hastens to secure employment as a paid assistant to a dental surgeon who is well established. Or he may obtain a post in a state clinic.

WOMEN DENTISTS DECREASE

Some years ago, there were almost as many women dentists as male practitioners, the former having been much in demand with patients of their own sex. Today the number has decreased as the government considered that dentistry is man's prerogative.

In Russia the state is all-powerful; consequently, a hint from the authorities is looked upon as a direct order—which must be obeyed. It is recognized, however, that some breadwinners are unable to earn their livings in any other walk of life, and a percentage of women dental surgeons meet with no opposition from the government. If, on the other hand, a female dentist marries an eligible man, one who can well afford the luxury of a wife, she is expected to retire from the profession. The state has no intention of permitting more dental surgeons than are necessary; it (very properly) does not believe in over-crowding a profession. Male dentists, especially those whose earnings are on the thin side, highly approve of this policy.

In pre-war days there were far too many practitioners, some of whom utterly failed to earn even a bare living. The Bolshevists soon put an end to so undesirable a condition of things, other work being allotted to the superfluous dental surgeons. They are better off than they were ten years ago.

Dental progress has been slow in Russia. Not for a decade after American dentists had first caused teeth to be x-rayed did the useful invention find its way

to Russia. Only of late has the foot engine given place to the electric engine, and even now old-fashioned dental surgeons greatly prefer to use the archaic treadle. Yet their work is good, for the men of the old school, believing in thoroughness, spare no pains to achieve their object.

Patients may consider that they have been made to suffer unnecessarily, especially when tartar is being removed from under the gum; but not so much deposit as would cover a pin point is left untouched by the conscientious operator. For the rest, the Vratz is a skilled extractor, and a humane one, always injecting novocain or a similar anesthetic. Even when operating on a needy patient who cannot afford the smallest fee, he is merciful. All respect him.

Before the war, forceps and other instruments were almost invariably of English make. Dentists thought them to be the best obtainable. During the past few years Germany has been given the preference by the government clinics, dental surgeons in private practice following its example. German rates are nearly half those asked in profiteering England, and the workmanship of the German products is excellent.

AMERICA HONORED

The younger Russian dentists have an immense admiration for the American dental surgeon, considering that he has done more for dentistry than have all the schools in Europe.

Those who read English study the scientific publications emanating from the United States, when these come their way, while a few practitioners, having travelled in other European countries where the holidaying American dentist may sometimes be encountered, have greatly benefited from the visitor's professional conversation. They do not, however, advise the stranger to embark upon a practice in Russia; and, no doubt, for a good reason. Neither would it pay the American to try conclusions with Russia, as the fees are not worth his consideration.

And the future of Russian dentistry? Decidedly promising, since the government is bent on encouraging developments. "Better late than never," as the copy-book so aptly puts it.

Contributions for The Dental Digest

ORAL HYGIENE readers are invited to submit contributions to *The Dental Digest*, which will be issued by Oral Hygiene Publications in 1932.

In all cases manuscripts should be sent direct to Dr. Edward J. Ryan, editor of *The Dental Digest*, at 1218 Pratt Blvd., Chicago, Ill. He has prepared a booklet of suggestions for authors which will be sent upon request.

Ask ORAL HYGIENE

CONDUCTED BY
V. CLYDE SMEDLEY, D.D.S., AND
GEORGE R. WARNER, M.D., D.D.S.,
1206 REPUBLIC BLDG.,
DENVER, COLO.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

Removing Nitrate Stain

Q.—Some time ago I set an open-faced crown for a patient—a woman.

She was very proud of it. Soon after she returned, complaining of sensitiveness when she used her toothbrush on the crowned tooth. I rubbed the sensitive part of the tooth with silver nitrate. This cured the trouble, but it turned the tooth dark. Is there any way to remove the darkness caused by the silver nitrate?—H.M.V.

A.—Saturating silver nitrate stain with iodine and neutralizing with concentrated ammonia solution will remove it from fingers and fabrics. I am quite sure that if the gums can be protected thoroughly, this treatment would be effective to some extent at least on tooth stains, if the stain has not penetrated too deeply.

It can sometimes be removed by grinding and polishing, but in this case if you did that you would probably expose again the objectionable sensitive area.

It is better to keep silver nitrate off tooth surfaces where discoloration is going to be observed. A solution of formalin or chloride of zinc burnished into the surface with a hot burnisher will usually allay such sensitiveness without discoloration.—V. C. SMEDLEY

Black Tongue

Q.—I have a patient—a man—about twenty-five years old, who has a very badly discolored

tongue, along with trench mouth.

I've treated successfully many cases of trench mouth, but have not seen a tongue like this one. It is a greenish black-brown color. It was that color when he first came to me.

The trench mouth is getting under control nicely, but the discoloration seems to hold on.

He used iodine before he came to me and I instructed him to use a twenty per cent solution of copper sulphate as part of his home treatment.

I'm not worried about the trench mouth, but I don't like the appearance of his tongue. Is this a symptom of this disease that I have not seen before? What can I do to clear up his tongue?—G.E.O.

A.—This condition is probably "black tongue" or glossitis nigra and is thoroughly discussed by Prinz in the January, 1927, issue of *The Dental Cosmos*. Prinz depicts it as a "harmless discoloration of the surface of the tongue, is marked by the presence of a blackish-brown to yellow-brown, thick, soft, fur-like patch upon its dorsum, occasionally modified by a slight blemish or more often greenish tint. The patches are composed of the elongated, densely matted hair-like filaments of the hyperkeratosed filiform papillae containing secondary deposits of pigment between the elongated papillae derived from external sources."

Brophy says the treatment consists in "changing the habits of the patient and the thorough cleansing of the oral cavity after each meal and at bed time." Brophy and Prinz agree in the use of hydrogen dioxide and the use of a wooden scraper to cleanse the tongue.

Neither Brophy nor Prinz speaks of Vincent's disease as a cause or accompanying condition. I have never seen "black tongue" associated with Vincent's.—G. R. WARNER

Indirect Inlays

Q.—In making inlays by the indirect method I am having trouble in separating the modeling compound from the model. How should it be done? Is there any solvent that will remove the minute particles?—F.S.W.

A.—I think that your difficulty is that you are probably overheating the compound. It is very easy to do this, but if you will be very careful to heat it very gradually only to the slightly yielding or flexible stage, you will have no trouble with its sticking to the amalgam die upon removal.

Either chloroform or ether is a solvent of the resinous base of modeling compound.—V. C. SMEDLEY

The Proper Bite

Q.—I have always been interested in your department in ORAL HYGIENE and many of the questions and answers have been very beneficial to me in my practice.

I have a problem of long

standing with which I wish you would help me. I am located in a small town and do considerable plate work. How can I obtain a proper bite in the construction of upper and lower dentures? I can take impressions satisfactorily, and my dentures fit well, but my "try ins" always require resetting. — L.E.W.

A.—If your "try ins" are all that require resetting, you have absolutely nothing to complain of. For allow me to assure you that the best denture men in the country frequently have to reset the teeth after vulcanization, after having reset them at least once at the try-in stage.

As a matter of fact, it is the best practice never to accept the original bite as final, but always to remount the case on the articulator to a check bite taken in very thin soft wax at the try-in stage.

It is now quite generally accepted as a fact by the most careful technicians and students of denture work that with all of the factors of varying resiliency of tissue, flexibility of condylar movements, and variance in muscular habits, it is quite impossible always to be sure of the correct registration of centric relation at the first effort at such registration.

The fact that your "try ins always require resetting" simply convinces me that you are probably more conscientious and painstaking in your work than some who "always get them right the first time."—V. C. SMEDLEY

Vulcanizing Stone

Q.—Sometimes after vulcanizing I find the plaster or artificial stone of the model quite soft. Can you tell me what causes this? At what temperature and for how long should a case be vulcanized to avoid this? Would the thickness of the mix of either plaster or stone when pouring the model have any bearing on this?

Do you think that dry sockets occur more frequently under conductive anesthesia and the Posner technique of infiltration than under the old method of infiltration?—J.B.

A.—Plaster or stone mixed too thin, allowing a case to stand in the vulcanizer over night, or several hours after vulcanization, and vulcanizing with a case in water instead of suspended above the water level in the steam may cause soft or mushy models.

I do not think that the method of injection has anything to do with the occurrence of dry sockets.—V. C. SMEDLEY

An Anesthetic Problem

Q.—Will you explain the following:

Wishing to extract the lower six anteriors and bicuspids, I made two mental injections using a two per cent solution of novocain. After a period of twenty minutes I found I had no anesthesia whatever. I then

infiltrated the anteriors and still did not anesthetize these teeth. Next I made two mandibular injections and obtained the usual tests for anesthesia—the tingling sensation in the lips and tongue—but still the patient felt pain when I attempted to extract a tooth.—H.G.H.

A.—Infiltration of the mental fossa with two per cent novocain should produce anesthesia of the six lower anterior teeth. Possibly you missed the location of the mental foramen. It varies greatly in relative position.

It would seem quite impossible that the patient should suffer pain after properly made double mandibular and mental injections. Perhaps the patient was psychic and too sure it was going to hurt. — V. C. SMEDLEY

Denture Patient Has Headache

Q.—I have a patient for whom I made full upper and lower dentures. Both fit well. The first day the lower denture hurt, and I relieved the pressure that it caused. Since then the patient has suffered severe headaches over the left eye. The patient, a man of about fifty-five years of age, says that until recently he had not had a headache for fifteen years.

Can you give me some advice as to what might be the cause of this disturbance?—M.V.S.

A.—My suspicion is that your patient has a sinusitis in the left frontal sinus. However, have him go without the dentures for a day or two. If the pain leaves when the dentures are out for a time and returns when they are replaced, you might forget the sinus and look for nerve pressure by the dentures. Test first at the orifices of the mental and the anterior palatine foramina. — V. C. SMEDLEY

Fracturing of Porcelain Teeth

Q.—Can you tell me what causes the teeth of artificial dentures to crack while going through the process of vulcanizing?

I notice the fractures or cracks do not appear until after the teeth are polished.—C.B.P.

A.—The fracturing of teeth during vulcanization may be due to the fact that the case has been set too high in the flask, bringing the teeth too close to the top plate of the flask so that a crushing force is exerted upon them in the flask press. Or they may be fractured by a prying action with a heavy knife while taking the case out of the flask after vulcanization, or by a wedging action between the teeth while trimming the vulcanite for polishing, or occasionally fracturing may be due to a flaw in the porcelain.

I think that the reason the fractures do not appear until after the plate is polished is merely because they are obscured by plaster, vulcanite, or water until after polishing.—V. C. SMEDLEY

XI—DILEMMAS OF DENTISTRY

The Case *of* DR. JONES

(*Continued from October* ORAL HYGIENE)

By EX-DENTIST

IN my talk this evening so far, Miss Dunwoodie, I have attempted to establish the advisability of the following conclusions:

"First, that a dentist should measure in advance his potential gross income in terms of time, as well as money.

"Second, that normal and abnormal units of service, subject to the exceptions specified, should be included in the same scale of fees.

"Third, that a single standard of fees should prevail in working or middle class practices, and that they should be based primarily upon the average means of the grade of patient to which the practice caters.

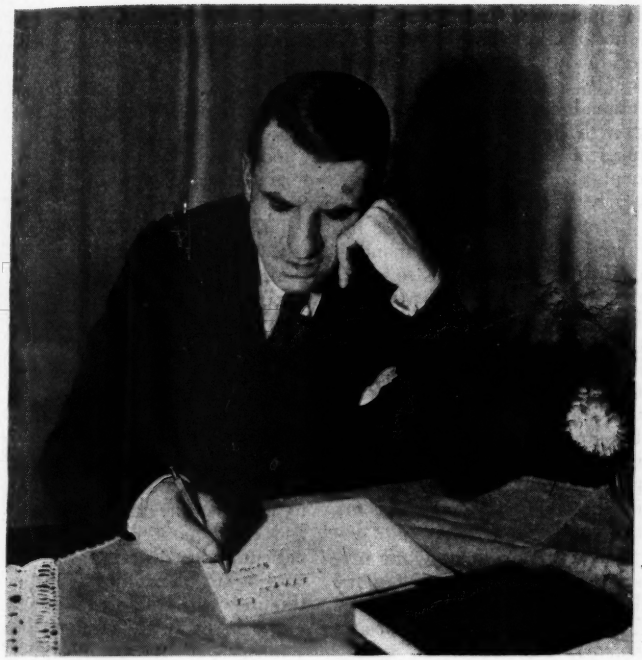
"Fourth, that no attempt should be made to increase the fees of patients who are richer than the average to which the practice caters.

"Fifth, that the dentist ethically cannot disregard the poorer relations or connections of his regular patients; and that within reasonable limits, he should provide them with dental service upon whatever basis they can appropriately afford.

"With these conclusions in mind, Miss Dunwoodie, Doctor Jones has prepared a schedule of fees for all units of service encountered in ordinary practice, excepting certain surgical, pathological, and corrective treatments, the individual extent and contingencies of which cannot be fairly anticipated.

"Doctor Jones, as you know, proposes to cater to middle class patients, and his fees have been carefully adjusted to the average means of that grade of family in this district. Due consideration has been given in this schedule to Doctor Jones's lack of local reputation, to his particular qualities of experience and ability, and to comparable dental service available in this vicinity.

"This schedule should be re-



"First, that a dentist should measure in advance his potential gross income in terms of time, as well as money."

vised at the end of the first six months, and at least yearly thereafter. Each revision of the schedule, if the practice is prosperous, should show some increase in fees. It seems that the average financial quality of patients usually shows a continuous improvement in a successful practice. The growth of a dentist's reputation attracts wealthier people. They may be still of the same general grade; but if so, they are likely to be the more substantial and more prosperous of their class.

"Sometimes, the growth of reputation gradually pushes a practice into a higher financial grade. The improvement or deterioration in the average financial quality of patients should be checked carefully periodically. If the quality is improving it may be assumed safely that the reputation of the practice is

developing favorably, and deterioration in the average financial quality of the patients is an equally sure indication of reputational decay. Of course, the growth or deterioration of the financial quality of average patients should reflect itself in the yearly revision of fees.

"In my own practice, the increase in the average financial quality of patients was so rapid that it created a real problem. I was afraid that it would hurt the feelings of my older patients, if I increased my fees in proportion to the rise in my average financial quality of patient. So I compromised for a while, and increased my fees only a small proportion of what the increase in the financial quality of my average patients indicated.

"I was unable to work myself out of this dilemma, until I started the group practice. Then, as each of my associates started, they began by giving service on my original schedule of fees. This permitted the practice to serve all the older patients at the original fees, and at the same time, allowed me to raise my personal fees closer to the standard indicated by my personal patients.

"Looking back, I feel that it was good policy to delay increasing my fees to any obvious extent until I was in a position to provide for those of my older patients who might consider such increases burdensome.

"Now, reverting to the schedule prepared by Doctor Jones, he will go over it with you personally, and carefully, and will describe the various units of service to which it refers. He will also teach you the fee elements involved in those units of service for which no definite fees can be set. Perhaps, Miss Dunwoodie, this may sound quite formidable, but you will find it to be quite simple.

"The fees contained in the schedule are based upon the circumstances of normal, prosperous, middle class patients in this district. No provision has been made in the schedule for their poorer relatives and connections; these in average middle class practices, usually constitute not less than about forty per cent of the total patients. Doctor Jones, of course, proposes to provide the poorer relations and connections of his regular patients with dental service, according to their means. With this in view, Doctor Jones will authorize you to arrange fees with his patients as follows:

"First, all new patients, unless they are poorer relations, or connections of existing regular patients, must adhere to the fees contained in the schedule.

"Second, poorer relatives and connections of existing regular patients may obtain an average allowance of forty per cent on dental service. The volume of this type of dental service is to be limited to one half of the volume of dental services supplied at the regular schedule fees. In other words, for every two dollars received in regular schedule fees, the practice will perform dental service to the amount of one dollar for poorer

patients at an average allowance of forty per cent.

"The reason that I say average allowance is that it may vary according to the circumstances of individual patients. In some instances, the regular fee may be just a little too high, and a ten or twenty per cent allowance may answer satisfactorily; in other cases, the patient may be so poorly situated financially that a fifty, sixty, or seventy per cent allowance may be necessary.

"Third, distressed relatives or connections of regular patients, may obtain dental service free. The volume of this type of service is to be limited to one sixth of the volume at regular fees; or for every six dollars of service rendered at the regular schedule fees, the practice will perform dental service free to the amount of one dollar.

"Now let us see how this works out in volume. Out of each one hundred dollars of dental service, sixty dollars will be at the regular fees; thirty dollars will receive an allowance of forty per cent, or twelve dollars; and ten dollars of service will be performed free. Therefore, the twelve dollars of allowance, plus the ten dollars of free service, or a total of twenty-two dollars, equaling twenty-two per cent of the total fees earned, will be the cost of providing dental services to the poorer relatives and connections of regular patients. This looks like a fairly heavy sacrifice. But is it?

"Let us forget for a moment that it is our professional duty to serve the poorer relatives and connections and view this cost in a practical way.

"Almost every practice, ethical or unethical, is faced with a problem of serving patients of varied means. Where there is no standard schedule of fees and no definite plan for adjusting fees to patients in subnormal circumstances, the fees are usually determined by negotiation; at least until the practice is solidly and fully established.

"The weaknesses of negotiation in dental practice are: that it absorbs valuable time; that it puts the dentist on the defensive, or on the aggressive, either of which undermines his professional impartiality and prestige; that it sets up opposing interests between patient and dentist; that it decides fees, not by merit, nor according to the circumstances of the patient, but in accordance to the relative negotiating abilities of patient and dentist. A well-to-do patient may, in this way, through force of personality and ability in argument, obtain a lower fee than a poorer patient who may be diffident and weak in negotiation.

"Further, negotiations between dentist and patient on fees usually drift to business considerations in which the professional values are submerged and sometimes lost. Whenever this happens, the patient becomes master of the situation, unless the dentist resorts to unethical subterfuges.

"Patients who, by force of negotiation, disregard or destroy

the proper professional relationship between patient and dentist are militating against their own interests and those of the dentist. It is impossible for a patient to get the best of an unscrupulous dentist by negotiation. The dentist can usually resort to inferior service, and if a dentist is scrupulous, negotiation is not only superfluous, but directly harmful.

"Also, the custom of negotiation, in which the patient takes the position of demanding as much as possible for the least amount of payment, and which puts the dentist on the opposing ground of granting as little as possible for the largest amount procurable, creates conditions in which it is impossible to segregate financially subnormal patients or to make any systematic provision for them. It is obvious that each patient who attempts to bargain is trying to obtain the benefits and privileges that should accrue only to the financially subnormal patient.

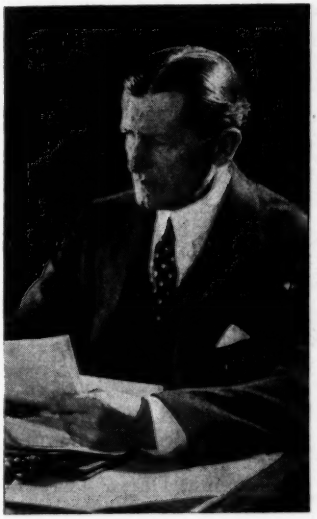
"Therefore, the practice without a fixed schedule of fees, that develops its remuneration through individual negotiation, will rarely average even seventy-five per cent of the amount of its appropriate regular fees, based upon the circumstances of its better class patients.

"From my own experience, I find that I can carry my free department for distressed patients and give the allowances to the financially subnormal patients, and still obtain a better average of fees for my aggregate services than when I operated without a fixed schedule of fees, charged each patient as much as my courage or their acquiescence would permit, and made no provision for distressed or poor patients.

"I also have found that people prefer a dentist who refuses to negotiate. This can be quite easily understood when we look into commerce. Fifty or less years ago, a great deal of retail buying was done by a process of bargaining. Nowadays, no self-respecting buyer would patronize any except a one-price store.

"Returning to the subject of allowances and free service in Doctor Jones's practice, the authority for granting these will be entirely in your hands, Miss Dunwoodie, subject to the following rules, a copy of which I

"Fees should be reduced to their time values and the potential earning capacity of the practice determined per hour, day, week and year."



have prepared for your guidance.

"First, for every six dollars of service rendered by the practice at the regular schedule fees, you may authorize three dollars of service subject to an average allowance of forty per cent; and also one dollar of free service.

"Second, no new patients, unless they are relatives or connections of existing regular patients, are eligible for allowance or free work.

"Third, all allowance or free patients must be personally recommended by a regular patient, except as hereinafter provided.

"Fourth, particulars of the financial circumstances of patients desiring allowances or free treatment should be provided by the regular patients who recommend them.

"Fifth, these particulars should be informally verified by the patients receiving the allowance or free treatment, wherever such verification can be obtained in an unembarrassing way.

"Sixth, the amount of the allowance for each patient will be left to your discretion, but the aggregate average must not exceed forty per cent.

"Seventh, the allowance in no case is to be a matter of negotiation, but is to be decided by you according to your judgment of the financial circumstances of the patient.

"Eighth, no allowance or free patients may recommend other free or allowance patients.

"Ninth, no distinction is to be made in courtesy or service between allowance or free patients and regular patients.

"Tenth, you are not to inform Doctor Jones of the financial status of patients, except in such individual cases in which he may request such information.

"Eleventh, receipts for payment granted to allowance patients must show the regular schedule fees and the allowances made.

"Twelfth, receipts should be granted to free patients, show-

ing the regular schedule fees and also that an allowance of the total has been made.

"Thirteenth, free patients should be informed that should their financial circumstances improve they may have the privilege of paying part or all of the regular fees for the free services granted to them. This, however, is to be entirely optional with them. Any payments received in this way will be applied to additional free service to other patients.

"Fourteenth, you are to have the privilege of personally recommending six patients each year for allowance or free service.

"Fifteenth, Doctor Jones, of course, reserves to himself the right to recommend to you whatever patients he may deem proper for allowance or free work.

"Sixteenth, any patients recommended by you or Doctor Jones for allowance or free service must come within the quota allowed for such service.

"Seventeenth, in order not to delay the inauguration of the free and allowance department, Doctor Jones authorizes you, irrespective of the volume of regular schedule fees, to grant within the next ninety days up to two hundred dollars of free service and up to four hundred dollars of allowance service to patients who may be recommended by regular patients, by yourself, or by Doctor Jones. These free and allowance services, however, are to be deducted from future quotas of such services within the next twelve months.

"You may feel, perhaps, Miss Dunwoodie, that you are not yet competent to grade allowances or to pass on applications for free or allowance service. Let me say that Doctor Jones has confidence in your common sense and is quite willing to accept your judgment. Of course, you will make mistakes. He expects that. It is extremely probable that he would make just as many himself. I know that Miss Wentworth does this work much more efficiently than I could do it.

"I would advise you to accept the recommendations of your regular patients and their explanations of their protégés' circumstances, at face value. You will find that in most cases their statements are truthful and reliable. Occasionally, perhaps, someone will slip something over on you. This cannot be prevented. If ever you find yourself in doubt always favor the patient.

"I may also add that the quotas for free and allowance services are supposed to be fully absorbed. Don't try to save them. Your authorizations for free and allowance services should keep pace with the services at regular fees.

"Now, as I stated at the beginning, the financial success of the practice and the extent to which it can logically provide dental services to financially subnormal patients, depends largely upon capable administration in utilizing, saving, and increas-

ing the value of the dentist's time.

"Fees should be reduced to their time values and the potential earning capacity of the practice determined per hour, day, week, and year.

"The difference between the potential earning capacity and actual fees earned should be considered lost time or lost potential earning capacity. If a dentist's capacity for any given period is ten thousand dollars, and his actual earnings for that period are only six thousand dollars, it follows that four thousand dollars' worth of time or potential earnings have been lost.

"One of the aims of administration should be to keep the amount of lost time as low as possible and to develop and maintain earnings close to capacity.

"Time can be lost through lack of patients, through lost motion, through failure to relieve the dentist of non-technical responsibilities, through broken appointments, through inadequate equipment, through poor systematization, and through other causes.

"In my practice we are constantly on the alert to reduce lost time. The first year my lost time amounted to over sixty per cent. Part of this was due to lack of patients during the first half of the year. In the second year, when I had as many patients as I could conveniently serve, the lost time still exceeded forty-two per cent. By constant watching and planning on Miss Wentworth's part, the lost time last year was reduced to fifteen and a half per cent. Whether we have reached the irreducible minimum, I cannot say, but I rather imagine that Miss Wentworth will find some way to cut the lost time a little bit more.

"We thought we were fairly efficient in the second year with about fifty-eight per cent productive used time, but increasing this to eighty-four and a half per cent has added almost fifty per cent to my used productive time since then, and has increased my personal earnings and also my services to financially subnormal patients, each by the same percentage. This reduction in lost time has been effected without any encroachment upon my professional time with each patient. No effort to cut should be made there.

"The amount of time lost in the average practice is appalling, and it is only through checking up all the moves and factors involved that it can be realized or cured. I have asked Miss Wentworth to go over her time study reports with you and to give you whatever assistance she can in developing this phase of practice.

"Miss Wentworth tells me, Miss Dunwoodie, that you have made excellent progress in learning the various routine, secretarial, administrative, and social duties of the executive secretary. Miss Wentworth understands these subjects so well and is such an inspiring teacher that it would be superfluous to review her instruction. I will, however, take the liberty of re-emphasiz-

ing some points that I consider of special importance.

"First of all, in receiving patients and in your subsequent contacts with them, except when you are actually arranging fees, keep out of your mind the financial implications of their visits. Think of them as actual or potential friends whom it is your pleasure to serve or help. Don't be afraid of showing friendliness. Wherever possible refrain from discussing dental service or matters pertaining thereto with new patients until they appear to have responded to your friendliness and until they seem wholly at ease.

"If you have done these things, never be afraid of losing patients afterwards through enforcing Doctor Jones's practice rules. Sensible patients will understand; others are not desirable. Quality of patients is just as important as quantity. The recalcitrant or skeptical patient is usually a disruptive and destructive influence in practice. Unless such patients can be made to express a willingness to conform to Doctor Jones's policies and advice, his practice is better off without them.

"All new patients, except those recommended by other regular patients, should be asked, after they have been welcomed cordially, to supply personal references.

"If any of them show any reluctance in complying, you might explain that the relationship between patient and dentist is one of mutual responsibility and confidence, that both the patient and the dentist should exercise care in selecting each other, and that, accordingly, Doctor Jones makes it an invariable rule to exchange references with new patients. After this explanation, any new patients who will not or cannot supply the names of two or three friends who will vouch for their respectability are not likely to prove desirable.

"All references should be investigated promptly. Should they prove inconclusive, further inquiries should be instituted. References are just as important for patients who pay cash as for those who ask credit. The responsibility of the dentist to his patient is so profound, far reaching, and personal, that the character of every patient is an important consideration.

"In the case of new patients recommended by other patients, the recommending patient, after being thanked, should be asked about the character and standing of the recommended patient.

"Of course, Miss Dunwoodie, your long residence in this district and your extensive circle of friends and acquaintances may make it possible for you to pass upon quite a few of the new patients without further inquiry. In such event, you will be accepted as the reference.

"Although the rules regarding references are supposed to be followed invariably, the value of the information obtained will be left to your judgment. References are not always reliable. They may favor or prejudice the person concerned. There-

fore, you may be required to judge some of the references in the light of your personal impressions of the patient. Do not be afraid to follow your judgment in this matter, and if there is any bias, let it be in favor of the patient.

"In establishing preliminary relationships with new, unrecommended patients, it may save trouble later to indicate tactfully and at an appropriate moment that Doctor Jones's fees are not competitive, and, if they stress the question of fees, to state that dental services may be obtained for less elsewhere. This is a hurdle that in many cases must be met sooner or later, and it is wise to take it at the outset.

"Such patients also should be informed promptly that Doctor Jones expects his patients to accept his professional judgment and to follow his instructions, and that he does not discuss fees. No new patients should be admitted to Doctor Jones until they appear to understand and acquiesce on these points. Of course, this last precaution may be omitted with the class of patients whose attitudes and conversations clearly indicate that they would observe Doctor Jones's rules and policies instinctively.

"Prospective patients sometimes make preliminary inquiries regarding fees. Kindly inform all such inquirers, invariably, that no fees can be quoted prior to diagnostic examination by Doctor Jones. It seems hardly necessary, in view of what you have learned already about the principles of practice, to dilate on the importance of this rule.

"Immediately after your introductory chat with new patients, obtain the health information and the dental history. Never proceed without these. It is impossible to make a complete diagnosis in their absence. Any patient who refuses this information must not be served.

"After patients have been examined by Doctor Jones, it may be advisable in many cases for you to explain the diagnosis, outline of treatment, and contingencies to them again, in order to avoid misunderstandings, and to reemphasize, wherever necessary, the importance of cooperation and obedience on the part of the patient.

"No fee should be quoted or services rendered to minors until after consultation with their guardians. If they have no legal guardian, they should be requested to bring in their nearest friend to advise them.

"Except in emergencies, services to new patients on their first visits should be limited to preliminaries and should never proceed beyond a provisional diagnosis. No fees should be discussed. Such patients should be invited to bring with them, on their second visit, some other member of their family or some friend in whom they have confidence. The support of a relative or friend usually adds to the courage and decision of a new patient. In a strange dentist's office, patients sometimes lose their ordinary sense of dis-

crimination, and it seems only fair that they should have the benefit of friendly counsel at such times. You will feel more comfortable yourself to know that the arrangements made by you have the approval of the patient's relative or friend. It adds moral solidity.

"In discussing fees with patients, you have no authority to change or suggest any change in the outline of treatment prepared by Doctor Jones. However, in some cases, if circumstances indicate it to be advisable, part of the execution of the work may be deferred or indefinitely postponed. But this can be agreed to only if the deferment does not jeopardize the ultimate dental welfare or general health of the patient.

"After you have stated the amount of any fee, do not defend it, deviate from it, or press the patient for an acceptance of it. If the patient is hesitant, advise a postponement of decision. A fee, to be constructive and beneficial, must be able to stand the test of deliberation. Nothing is more harmful to the practice structure than to have patients feel that they were hurried into the acceptance of fees that did not quite meet their approval.

"The suggestion to postpone decisions may lose or gain patients, depending upon individual circumstances or reactions; but the losses will be more than offset by the patients who will be attracted ultimately by the obvious fairness of the policy.

"If new patients decide that Doctor Jones's fees are too high, do not try to convince them to the contrary. *Never defend the fee.* Give them the names of one or two reliable dentists who cater to a lower financial grade of patient and whom you know will accept lower fees. Show such patients every courtesy and help them in good faith to select a reputable dentist whose fees might meet their means. I will refrain tonight from outlining the logical results of this particular policy, but I have found it to be not only ethical, but also to react very advantageously to my own practice and to my professional reputation.

"Do not, except in emergencies, authorize Doctor Jones to proceed with the administration of dental service beyond diagnosis of any patient until the fee has been agreed upon. Performing dental service prior to the stipulation of the fee, even with confiding and loyal patients, possesses grave elements of danger. In such cases, if the fee when ultimately presented proves to be substantially more than the patient previously conceived it to be, the confidence of the patient is subjected to a strain that may weaken or even terminate the professional relationship.

"In arranging fees with patients to provide dental service, you are not to make any representations affecting the quality of materials or workmanship, or to make any promises of any specific results or benefits. You may, however, assure them of Doctor Jones's best judgment and services.

"Although no promises are to be made to patients with respect to the durability of any mechanical services, the internal policy of the practice will be to remake, repair, or correct, without charge, any mechanical work, including restorative work on natural teeth, that proves defective or unsatisfactory prematurely, unless the patient was specifically warned at the time of arranging for the work that it might be of a temporary character.

"The policies and procedures that I have just outlined, and others that have been communicated to you by Miss Wentworth, are not designed to attract all types of patients. Every professional man, and for that matter every business man, should determine at the outset of his enterprise not only the type of clients that he wishes to secure, but also the type that he must do without. A high class hotel does not compete with a lodging house. The same principle applies to most other forms of service to the public.

"The method of practice which you are now learning, Miss Dunwoodie, is adapted to that large proportion of the respectable population that is dental-conscious, in the process of becoming so, or that has the intelligence and inclination to grasp the importance of dentistry through suggestion and explanation. With others it will not operate so successfully.

"In our talk this evening I have attempted to touch upon only a few of the elements involved in our subject. Fees are usually considered to be obvious, practical, common sense considerations. This is true, but only in part. The study of their construction, their fairness, their appropriateness, their acceptability, the methods of presenting them, and their adjustment to an infinite variety of persons and circumstances, involves a fairly wide range of calculative and philosophic thought.

"I feel confident, Miss Dunwoodie, however, that your excellent common sense, your interest in your work, your opportunity in your position to study fees in a practical, first-hand way, and your access to our common fund of knowledge on this matter, will equip you satisfactorily for the administration of this phase of Doctor Jones's practice."

(To be continued in December)

"Showing the Patient"

Dr. J. B. Jenkins' next article on "Showing the Patient" will appear in the new volume of *The Dental Digest*, which becomes an Oral Hygiene Publication next year.

"Dear Oral Hygiene—"

"I do not agree with anything you say, but I will fight to the death for your right to say it."—*Voltaire*

The "Dilemmas"*

I have been following your "Dilemmas of Dentistry," especially the current "Case of Dr. Jones," and I am very much enlightened. Indeed, I was in the dark so long that I suffered strabismus from these powerful searchlights thrown off by the Ex-Dentist who, by the way, is either a multi-millionaire from the way he conducted his practice, or else he went bankrupt. I have reason to think the latter conclusion more probable.

Now, after he has told us about the procedure in hiring the maids, chair assistants, secretaries, hostesses, and executives, I will ask him, "Who is going to pull the rotten molar of the butcher boy?" I suppose he lets the barbers do it!†

Ex-Dentist (and that's a good name for him) also gives us hair-splitting statistics on how the practitioner's time may be saved, but nary a word as to where to get the four hundred and sixty-six applicants for the five positions. Or must these be four hundred and sixty-six unemployed young women in order for him to have his pick of five?

Why play to plutocrats whose dilemmas are solved by high-pressure lawyers and let the hoi polloi, the other ninety-nine per cent of our humble profession, gasp from jealousy?

I've been stuck for over twenty-five years in the second largest city of America and I'd like to see the dentist in that city who employs five female assistants in his office at once. Wouldn't you? — N. P. NICHOLSON, D.D.S., *Chicago, Ill.*

We are very much interested in your series of articles in ORAL HYGIENE, entitled "Dilemmas of Dentistry," by Ex-Dentist.

Are they actual happenings and real people, or are they utopian solutions to a great dental problem? Are these articles

*ORAL HYGIENE, January, 1931, p. 52; February, 1931, p. 290; March, 1931, p. 517; April, 1931, p. 760; May, 1931, p. 992; June, 1931, p. 1244; July, 1931, p. 1478; August, 1931, p. 1697; September, 1931, p. 1960; October, 1931, p. 2183; November, 1931, p. 2410.

†See p. 2412.

bound together in the form of a book?—ZONA TURK, *Eau Claire, Wis.*

To Dr. Calman

Let me ask Dr. Maurice S. Calman just *who* sees the handwriting on the wall?*

Dr. Calman cheerfully refuses to give any details of his plan of relief. Maybe he has none.

Our public is not calling for a relief from the high cost of dentistry. *Some* of the people are rebelling at the *highwayman* cost.

The opinions of the sage of Washington Heights have not been adopted by either the public or the profession.

Maybe his clinic has had a voluminous business. At least one of ours in Chicago finds it desirable to advertise.

If, as he says, society is interested in health alone, may it depend on the present or prospective practice of dentistry for the preservation of its health?

The question, "What can dentists do now?" is a big one, and requires a bigger answer.

Where has group practice lowered the cost to the patient? Will a group of twelve require less than twelve times the space of twelve individuals? Will the rent be less per square foot? Will telephone calls cost less per call?

New equipment will be placed at a general sacrifice. Many of the members' patients will not come to a clinic.

Specialists soon charge more than general practitioners.

Little time need be spent on the pioneer who is striving to redeem his profession. The most of it is done at so much per redemption.

Your reference to the axiom "In unity there is strength," is correct, but your analysis is wrong.

Let us stick tight to the A.D.A. and work out our salvation along much the same lines that are being used at present. You might throw out the code of ethics and substitute *one* of the Ten Commandments.

The dentist is and always has been at the mercy of the public. It has not harmed him and will not.

Groups are to be classed with the quacks when a division is made in your society actions.

Just let all dentists remember that a corporation, a chain store, a labor union, a machine shop, is not, never was, and never can be a practicing dentist.

Think these remarks over and maybe you won't give up the old office now.—FRANK J. RYAN, D.D.S., *Chicago, Ill.*

*ORAL HYGIENE, July, 1931, p. 1450.

New Covers

I congratulate you upon the improved appearance of the ORAL HYGIENE covers.—F. B. DARBY, D.D.S., *Elmira, N. Y.*

Pioneering

For a number of years I have read the pages of ORAL HYGIENE with profit and pleasure. The experiences of others have frequently roused in me the desire to write of my own, but never until the present moment have time and place and memory so ideally combined as to allow it. Now, as a high wind sweeps through the north country drifting the snow up to my doorstep and one cannot leave the house save with snow shoes, the urge is upon me.

While perusing the February issue I noted with particular interest the article* telling of the steamship company Lloyd Brasileiro celebrating their fourth anniversary of the opening of a dental clinic for employees. The mention of this progressive step in health betterment calls to mind a personal experience which may interest some of the readers and which incidentally leads me to believe that I may have been something of a pioneer in this field of service myself.

Back in 1900 a college chum and I, shortly after I had left the dental school, set out from New York on the White Star Line steamer *Teutonic* bound for Liverpool, on our way to the Paris Exposition. We were given free transportation for services rendered in the hold of the ship, namely, the feeding and watering of cattle. At the beginning of the voyage we were quartered in the lower forecastle, none too pleasant a place to live, where from the time our morning labors began till evening we saw the light of day only through a porthole. During the first day out, as we toiled with bales of hay and struggled along slippery runways with pails of hot water from the evaporators, we realized that no easy lot was ours and that we were to earn every penny of our passage money.

However, Fortune smiled for us on the second day, when one of our fellow workers was injured and needed medical attention. I volunteered to attend him. From the moment that I produced my medicinal and dental kit I was hailed as "Doc" by the men and was looked upon with a new respect that bordered, I fear, upon admiration. The story that there was a dentist working in the hold soon traveled the length and breadth of the ship, and a day or two later the purser descended from the realms above and asked me to move my belongings to the quartermaster's department, saying I was too valuable a man to stay below. My buddy was allowed to accompany me.

Throughout the remainder of the voyage we fared like kings. No longer were we required to carry hay and water. Of the two hundred members of the crew I treated a goodly number. My equipment was limited, indeed, but I was able to treat infected tissues, clean teeth, and perform a few necessary

*ORAL HYGIENE, February, 1931, p. 306.

extractions. An improvised dental chair, consisting of the steps leading from the galley to a lower deck, was used. Many of those who came for treatment were actually suffering, and nearly all were badly in need of attention.

Although I was pressed to take small fees for my services, I did the work gratuitously, for I was unaware of what the dental statutes were on the high seas and knew that we had no reciprocity with England.

Thinking that my dental work was over when I left the boat, I packed up my kit and we moved on to London, where I had decided to follow my avocation or hobby and do some sketching of old masters in the British Museum. But I was not to escape so easily from my profession. One day as I sat before an Italian statue with my pad, I found myself surrounded by a group of American Jackies. After watching my work a few moments one spoke up and said, "You must be an American artist." "No," I replied, "I am an American dentist, but drawing is my hobby." "Say, you're just the man we want," cried one. "A buddy of ours has a bad tooth and he said he would have it pulled if he could find an American dentist."

They begged me to come to their ship, which was lying at anchor at Gravesend, but I told them if they wanted any dental work done they should come to my lodging in St. Martin's Lane, near the Strand.

Early the next morning I was aroused by hilarious voices in the street beneath my window. Looking out I saw on the sidewalk below perhaps twenty Blue Jackets with one unfortunate youth in tow at the end of a rope, bound securely about his waist. His plight made one think of a recalcitrant calf at the end of a halter. After dressing hastily, I went down with my kit. When the victim saw that it was really an American to whom he had been brought, he submissively sat on a lower step and in a jiffy the offending tooth was out.

This brings me to the end of my story. Suffice it to say that as I recall these experiences I am led to believe that circumstances made me one of the pioneers in the field of treating the teeth of the "jolly tars."—F. X. DUSSEAU, D.D.S., *Traverse City, Mich.*

Favorite

Of all the dental magazines that reach me, yours is my favorite—both in content and make up. It would be hard to get along without ORAL HYGIENE. — WM. D. MORROW, D.D.S., *Malta, Mont.*

Profitable Reading

I have changed my address. Please change it on your records so that I will not miss the October issue.

Those who cannot profit by reading ORAL HYGIENE are beyond hope. — F. G. BEHMLANDER, D.D.S., *Lowell, Ind.*

Oral Hygiene *in* HAITI

By

S. E. A. Daniel, D. D. S.

THE new organization of the Medical College at Port-au-Prince, Haiti, which took place hardly two years ago, had such a stirring effect that the dental department of the college received an uplift and a new dental school, officially opened just one and a half years ago, was founded.

It may not be out of place to mention that without the help of the Director of Public Health Service and the Director of the Medical Faculty our success, so handsomely achieved, would never have materialized.

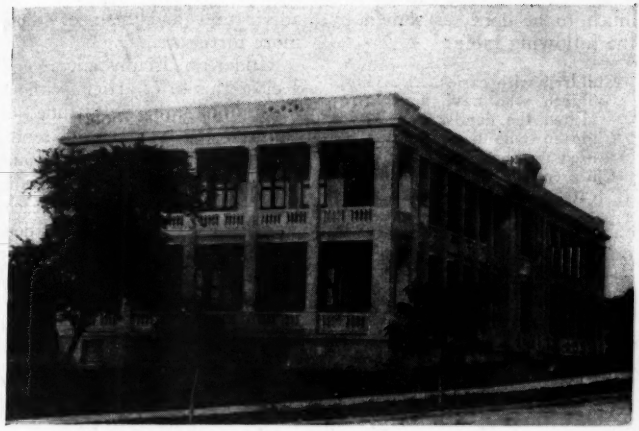
The idea of instituting an oral hygiene service for our school children had, some years ago, been proposed by a member of our profession, but the idea was too advanced for that time. Nevertheless, the idea remained and, fortunately, has been carried out since the opening of the dental school at the University of Port-au-Prince, with its magnificient modern equipment.

What seems an easy undertaking, with the unselfish support of men of means, in other centers is for us in this small community without any aid a mighty tough job.

However, the enthusiastic interest so essential to success has never been lacking among the members of our faculty who unselfishly devote their time to following eagerly the oral hygiene movement in the United States. Our propaganda for preventive and reparative work in both the public and private schools started hardly six months ago.

The interested attention of the authorities has helped us tremendously in the task of caring for the seven thousand and more children in the city. The benefits are already to be seen in the appreciative haste with which the children run to the dental infirmary to have their teeth rendered sound and beautiful.

It would be impossible for me to speak of our dental school without mentioning the men of reputable standing who are at the head of it:



The Medical College at Port-au-Prince, Haiti

Dr. Jules Thebaud, D.D.S., M.S., graduate of Montreal University and Northwestern University, Dental Department. Director of the Dental School of Port-au-Prince, Haiti.

Marcel Dartiguenave, D.D.S., of the Philadelphia Dental College.

Auguste R. Bastien, D.D.S., of the Philadelphia Dental College.

S. E. A. Daniel, D.D.S., of the Philadelphia Dental College, postgraduate of Northwestern University.

Although these men, along with their associates, are eager to push this movement, at times they feel almost discouraged because of the lack of necessary funds for the continuation of so important an undertaking as that of giving good teeth to our poor school children.

The problem is a huge one—the education of not only the children, but also of the parents who often need as much, if not more, education about the importance of saving the teeth of their children, as well as their own.

I shall tell briefly how our work began and give some statistics in order that we may touch the heart of some generous person with whose help we may in the future erect an infirmary, bearing the name of the donor, where we may continue our work of decreasing the sorrows and suffering of the worthy poor children.

Among the children already examined and benefited by prophylactic treatment, extractions, fillings, and educational lectures on how to keep their teeth and mouths healthy, there is yet

much to be done, as shown by the following table:

Children with caries	85%
Children who have never visited the dentist	82%
Children who have never used toothbrushes	91%
Children who need urgent care	40%

One must not imagine that our people are naturally bent on receiving charity; they are proud and would like to defray the expenses of dental treatment if it were possible for them to do so. Such character deserves the admiration and help of those more fortunate.

Under no circumstances could I close this brief article without mentioning the gratitude of those who have received soothing comfort at the hands of one who has taken so many pains in oral prophylaxis and in preaching the doctrine of popular dental education. I allude to my friend, Dr. Thebaud, whom I know, because of his modesty, would have preferred my passing in silence his wonderful work and tireless efforts.

Reciprocity

I have read with interest the article by H. J. Rivers, D.D.S., entitled "Why Must Qualified Men Be Challenged?" in the July number of ORAL HYGIENE [p. 1453].

For many years I have pondered on this condition of affairs, and wondered why such conditions were allowed to continue.

In 1904, I graduated from the Scientific School of Yale University, and from Harvard Dental School in 1907. In June, 1907, I passed the Massachusetts State Board and the New Hampshire State Board. The following year, 1908, I passed the Maine State Board.

I came here in July, 1907, as associate of Dr. Edwin C. Blaisdell, who was Professor at Harvard Dental School when I was there, and still is. I have been associated with him for twenty-four years and have never practiced anywhere else. As I have never tried to register in any more states, I have no personal grievance of any kind.

As in the case of Dr. Rivers should I be forced to change my location, I am wondering just what treatment I would receive.

In the case of a certain Western state, I have been told that it is practically impossible for a man from another state to pass the Board of Dental Examiners, regardless of the man's ability or experience.

Is it up to the American Dental Association to change these conditions, or not?—EDWIN S. KENT, Ph.B., D.M.D., *Portsmouth, N. H.*

(Chairman of the Board of Trustees of the New Hampshire Dental Society and member of the Clinics Committee.)

Tempus FUGIT

Twenty years ago this month.

THE November issue of ORAL HYGIENE twenty years ago was called the Laity Number and contained articles written especially for patients. A large edition of this issue was distributed to patients by dentists who wished to spread the story of oral health.

An article written by Dr. Charles G. Stiles of Staten Island, N. Y., seems worthy of emphasis, even in this day of greater enlightenment. It is called "Fear and the Child" and follows in part:

"In order to bring about a willingness on the part of the average child to undergo the operations necessary to put the mouth in a healthy condition there must be brought into the problem an element over which the dentist has no direct control. By this I mean the elimination of fear of the dentist and of his instruments. My own experience has been that if a child is brought to me in the same way that the child would be taken into a store to get a pair of shoes, I will have no trouble cleaning out a cavity or doing any of the other operations necessary to keep the first teeth in a comfortable condition.

"To illustrate my meaning I will state the case of a girl eight or nine years of age. Never before had she been in a dentist's office and stranger still never had she heard anyone speak of the horrible torture always inflicted in the operating chair. Consequently I was able to clean out a large cavity in a lower molar, expose the pulp and apply a dressing to it.

"Finally came one fatal day on which the poor child came in fear and trembling. I sat down and talked with her for a while and found that her mother and numerous kind(?) friends had been telling her that the dentist might hurt her.

"Behold the structure of fearlessness which I had so carefully reared dashed to the ground and in its place set up a picture of the Demon Pain lurking ever about the dentist's chair.

"To the mothers, fathers, older brothers and sisters, grandparents and all others who have children about them, let me sound this warning: As you value sound teeth, good health, beauty and ability to keep up to the school standard, never under any consideration and no matter what your own experience may have been, never, I say, speak in the presence of any child, no matter how young it may be, of the pain of having one's dental work done."

W. Linford Smith
Founder

Oral Hygiene

REA PROCTOR McGEE, D.D.S., M.D.,
Editor

Manuscripts and letters to the Editor should be addressed to the Publication Office at 1117 Wolfendale Street, Pittsburgh, Penna.

Politics

WHERE more than two people are gathered together, there is politics. The deciding vote is cast by the third party. The situation is more difficult if the total number is even; then a deadlock is possible. A right smart politician tries always to control a "working majority." The business of a clever minority is to "bust" the working majority. The methods adopted and the rewards to be garnered make up the business of practical politics.

This subject divides itself into two sections, so far as we are concerned; the first is of course dental society politics, and the second is state politics in so far as it is connected with dental legislation and with state board appointments.

With the increased importance of dentistry has come a greater interest in the political values of state dental appointments. This increased political interest is sometimes reflected in the selection of men who are not always true representatives of the best in dentistry, but, it has been hinted, there may be some who are more acceptable to the powers that be than they are to the members of the dental profession.

We have two kinds of general politics: the ideal and the practical. Ideal politics consists of those standard virtues of sterling honesty, justice, patriotism, constitutional liberty, equality before the law,

Editorial Comment

low taxes, high efficiency, suppression of crime and general happiness of the populace.

Ideal politics usually constitutes the basis of the platform of the minority party.

Practical politics consists of great promises and small accomplishment, the rule of influence rather than justice, the refusal to recognize the constitutional rights of the citizen if those rights interfere with the aims of the party in power, unreasonable and extravagant taxation, either secret or open alliance with crime, plus the ability to make the voter think that any change would be for the worse. Whenever we are able to have the opposing parties almost equal in strength, we are fortunate enough to have a mixture of the ideal and practical politics and whenever this mixture reaches a fifty-fifty state we are indeed fortunate.

In order to be reasonably satisfied we must not expect too much. If we expect too much we are agitators; if we insist upon our expectations being carried into effect then we become radicals.

The conservative is the one whose crowd is in power.

In one state with which I am reasonably familiar, the only job on the State Board of Dental Examiners that pays a regular salary is the secretaryship. By some peculiar twist of legislation the governor of this state appoints not only the members of the Board but designates also the man who is to be secretary. This important office thereby becomes a political perquisite and the secretary must either work for the governor or there will be a new secretary who will.

The governor of this particular state removed two of the best state board examiners to be found anywhere; one of them was secretary. They were removed before the expiration of their terms in order

to make room for two political friends of the chief executive of the state.

The new secretary operates an advertising office.

The problem is not one for hysterics. A governor must be a practical politician. He must make appointments not upon an ethical basis, but he must favor those who contribute to his campaign fund and he must curry favor with those who can exert sufficient power to endanger his political status.

The lesson to be drawn from this situation is: if dentistry is to be heard in state politics, even upon the purely dental problems, the dental profession must clean up its own internal politics and must then proceed to make itself either loved or feared, or both. How can comparatively small, earnest, intelligent groups make themselves heard at the state capitals? By offensive and defensive alliances with similar groups and by that method only.

In at least one state such a diplomatic alliance is already in process of formation. This quadruple alliance will consist of organized dentistry, organized medicine, organized pharmacy and the state bar associations.

These four groups working loyally together can make or break many an ambitious office seeker or office holder and, as their organization becomes more firmly united, they will probably include engineering, architecture and the fine arts.

More and more we must realize that in public affairs we count for nothing as individuals. We count for little as single groups, but we will be heard in sufficiently large groups.

Each element in this alliance has a similar goal which is the improvement and ethical advancement of a noble profession. They will unite their powers to insure a proper regard upon the part of the various state officials for the welfare of these professions through legislation and appointments.

Every human being fears two things, a big, sudden

noise, and falling. If we so strengthen ourselves that unfriendly politicians can be persuaded to fall with a loud report, their political survivors may see the light.

No time must be lost, as the savant remarked when he installed a book case in his bathroom.

Said Eddie Kells

DR. BROM ALLEN, the pioneer in extraction from the ancient city of Chicago, was here the other day and among other interesting things he mentioned a conversation that he had with Dr. C. Edmund Kells many years ago in New Orleans. They were discussing the best method of satisfying the unreasonable patient. Eddie Kells said that one hundred per cent satisfaction could be delivered by only one profession and that profession was undertaking. The undertaker's patients never kick, nor do they ever talk back.

The dentist's patients are all live ones, very live. The great majority of them come to the dentist in the best of health, most of them feel so good that any change will be for the worse. Right there is where the trouble starts. "Doctor, when I came to you I felt perfectly well; now look at me." The answer is, "You will feel better than ever in a short time, and if you had neglected your teeth you can plainly see from this experience what would have been your permanent condition."

It is a very good plan to tell the patient what to expect before you do the work. It is much easier to prophesy than it is to pacify. Personally, I am strong for the prophets and not so good with the pacifists.

A certain dentist is receiving wholesale blame and wholesale approbation over the construction of an upper denture for a prosecuting attorney. The teeth skidded every time the oratory was touched off and the gentleman who was patiently waiting for the

hemp will have to do with a new trial because the judge and the jury could only try to understand one side of the case. The result was a hung jury: eleven for acquittal and one for conviction because only one of the twelve could understand Gum-Arabic. As Brom says, "The dentist has to stand a lot of grief."

Monograph III of The American Child Health Association

THE Oral Hygiene Committee of Greater New York took sharp exception to many of the statements contained in Monograph III of the American Child Health Association, purporting to be a research monograph upon "Public Health Aspects of Dental Decay in Children."

This exception was sustained by the American Dental Association and by many other dental organizations.

The School Health Study Staff, of the American Child Health Association, has issued a reply to the protest. The Oral Hygiene Committee has issued a reply to the reply. It is now presumed that the School Health Study Staff of the American Child Health Association will issue a reply to the reply to a reply to a criticism of Monograph III of the American Child Health Association by the Oral Hygiene Committee of Greater New York.

The Committee that perpetrated Monograph III is composed of George T. Palmer, D.P.H., Director; Raymond Frazen, Ph.D.; Anne Whitney; Harold H. Mitchell, M.D., and C. Mahew Derryberry. These eminent scientists have presumed to inform the world as to the true inwardness of dentistry in relation to public health. You will notice that there is no dentist on this committee, but we have the usual Ph.D., as well as a D.P.H.; possibly the two un-

adorned with titles are working for a D.P.H., or maybe a couple of them.

The argument seems to center on the opposition of this laymen's committee to the filling of the temporary teeth of children in the clinics. This laymen's committee states that some dental authority has attempted to corrupt science with the claim that the filling of the temporary teeth will prevent decay—pardon me—caries, in the permanent teeth. The committee, to prove their case, then cite a little song that was sent out by the A.D.A. for little children to sing in their oral hygiene exercises in school. This being information for laymen, it would naturally appeal to this committee. These little songs have a scientific value to the Ph.D.'s and D.P.H.'s because a little song will help out while they are groping about in investigations that are too much for them. Possibly they might include "Mary had a little lamb" in an investigation of diet.

This committee would be merely amusing if it were not for the fact that they represent an organization that is very important in the welfare of children, an organization that should be the last in the world to countenance this word-splitting group of egotists who would cast doubt upon the desirability of preserving the temporary teeth. *Italics* are mine:

> *"The gist of the argument.* Monograph III is an original research whose purpose is to develop helpful information for the administrators of public dental clinics such as school clinics. *In this Monograph we have presented evidence to show that the enamel defects which are most dangerous are the ones that are most difficult to detect."*

The word "dangerous" in this sentence is not well chosen; "numerous" would be better.

> *"Consequently a public health or clinic policy of filling pits and fissures as it is now advocated is not the best kind of prophylactic odontotomy."*

My dear committee, there is no "best kind of pro-

phylactic odontotomy." If you will look on page 704, column 2, Stedman's *Medical Dictionary,* Tenth Edition, you will find that "odontotomy" means "Incision into the dental canal, odontotripy." Even if this word had the meaning that you evidently thought it had, you would be wrong in its use in this connection.

> *"We contend that a method of distinguishing pre-carious enamel defects is much needed."*

Without a trained dentist upon your committee, how could you presume to pass judgment upon diagnostic methods? It is just as impossible to detect "pre-carious" enamel as it is to predict what kind of a report a committee will bring in when they intend to ignore the authorities upon the subject.

> *"We believe that there is a great deal of support of this thesis amongst the dental profession.* The Oral Hygiene Committee does not meet this contention, but maintains that we are defending another proposition entirely. *It argues as if we had stated that enamel defects have no effect on caries.* We have no reason for taking such a position. Our Monograph contains *evidence regarding the detection of liability to caries.* It makes no *pretence to present morphological evidence.* It is a contribution to diagnostic method, not to etiology."

Monograph III completely fails to establish anything of benefit in diagnosis. The committee states that "Monograph III is openly clothed in the language of research, a language that is precise, that addresses itself to the points at issue."

It is quite impossible to stretch the "language of research" so far that it will cover the inadequate preliminary preparation of a committee that attempts to "contribute to diagnostic methods." All workers in public hygiene as applied to children must realize that the temporary teeth of children must have dental care and that a mouth that is kept clean and healthy from infancy is less likely to develop caries in the

Recommend Both

IODENT

No. 1 and No. 2

with Confidence

You may safely recommend Iodent Tooth Paste to your patients on the basis of these accepted facts.

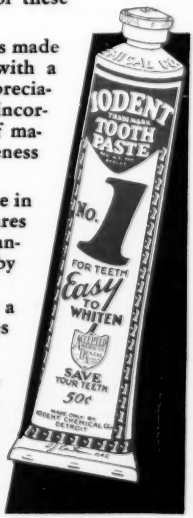
Iodent was created and is made by a registered dentist with a dentist's professional appreciation of the necessity of incorporating absolute safety of materials as well as effectiveness in a tooth paste.

Iodent is the only tooth paste in the world made in two textures to meet the two classes of cleaning requirements recognized by the profession.

Iodent combines effective cleansing quality with a cool, refreshing, minty tingle in its taste that makes its use delightful.

And of special significance to you as a dentist is the fact that both Iodent No. 1 for teeth EASY to Whiten and Iodent No. 2 for teeth HARD to Whiten have been submitted to the Council on Dental Therapeutics and their composition and claims found acceptable.

ACCEPTED AMERICAN DENTAL ASSOCIATION
COUNCIL ON DENTAL THERAPEUTICS



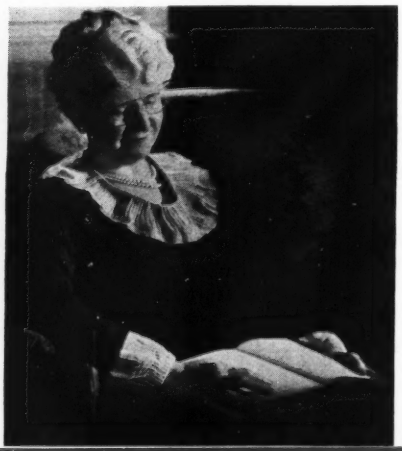
THE IODENT COMPANY, DETROIT

IODENT

Comf

COMFORT, and comfort alone is the only criterion of a successful denture, in the minds of your patients. Why not insure your patients against the discomforts of plate wearing by recommending Dr. Wernet's Powder? The value of the Powder is that it forms a cushion between the delicate tissues of the mouth and the hard rubber or metal plate.

There is but one way that new denture patients can become accustomed to the plates, and that is by wearing them. Keeping the plate in a glass of



fort

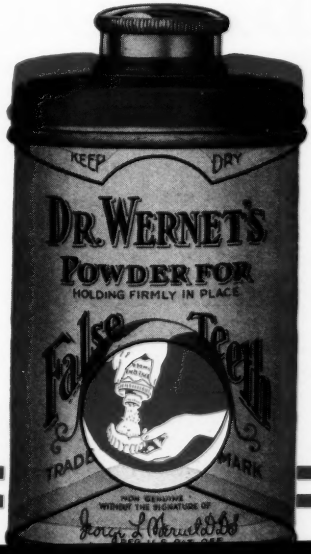
water or bureau drawer may be more comfortable for the patient, but that is its only virtue. If you recommend Dr. Wernet's Powder you will not only be sure that the patient is wearing the denture and thus getting quicker adaptation, but that he is also getting maximum comfort at the same time.

In every walk of life a man strives for comfort, and a contribution toward this end is received with acclaim. Stop to consider just how this demand affects you as a practicing dentist.

We will be glad to send Combination Samples of Dr. Wernet's Powder and Dentu-Creme for your professional needs.

WERNET DENTAL MFG. CO.

220 36th Street
Brooklyn, N. Y.



GETTING AT THE CAUSE

Oftentimes patients ask you what to do for teeth which frequently get "on edge." Of course you will stress attention to oral hygiene and no doubt the regular use of an alkaline dentifrice, but to complete the picture why not get at the probable cause of acid mouth?

The type of acid condition in the mouth with sour, burning taste after meals, acid eructations, etc., is usually the result of gastric hyperacidity.

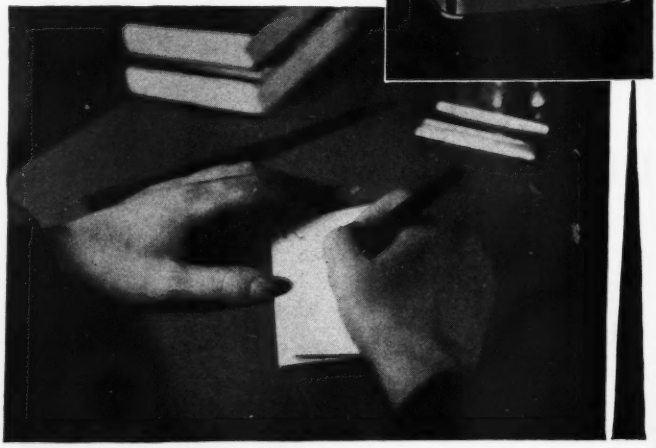
And so in conjunction with local mouth hygiene, why not suggest the internal use of BiSoDol—the balanced antacid that is so pleasant to take.

The balanced character of the BiSoDol formula safeguards against untoward effects and at the same time assures Quick Relief.

Write for sample and literature

The BiSoDoL Company
Dept. OH-11, 130 Bristol St., New Haven, Conn.

BiSoDoL



permanent teeth. All of the "language of research" in the world cannot get around that fact.

The American Child Health Association would do well to withdraw Monograph III and appoint a committee of technically prepared members to prepare a new monograph.

Imagination

WE like to think of ourselves as a very practical and hard-headed people. When we do business we want the proceedings upon a concrete foundation, even reinforced concrete. The stock market was reinforced concrete, reinforced with hot air.

We find that for some years we have banked upon imagination stabilized by confidence. Now that the confidence is gone, the imagination does not pay so well. Paper values will not pay taxes and buy food.

The dentist sells something other than imagination. He deals with real facts of Nature. A pill and a promise will not get him very far. A fancy stock certificate presented by a high power salesman does not help much when the dental supply bill and the rent come due. So far as real values and real money are concerned, we have them all right in the country; they are only in different hands.

Possibly in the rapid changes, some of this money has gotten into the hands of the dentists; who knows?

The general costs of living are decidedly lower; office rents are generally lower than they were. For most of us it is not necessary to have more space. We can do with intensive use of our present quarters for the present. This depression has brought a tremendous realization to the general public of the value of dental services.

With the passing of many of the foolish extravagances has come the desire for health and comfort. Health and comfort these days cannot be had without the welcome efforts of dentistry. This was very for-

cibly brought to my mind last week when two men who had been very wealthy before the crash put off their bankruptcy proceedings until they could have some dentistry finished for themselves and their families (the dentists were canny and made them pay cash) before they turned over the residue of their estates for the satisfaction of their creditors. It is not imagination; it is simply prudence for those who are facing bankruptcy to have their mouths placed in as nearly perfect a condition as possible before the final crash comes.

Those who have been up and are now sliding downward must look to the immediate future to recoup their losses. They have before them the uphill path to financial independence. Why should they overlook the very thing that will help the most, namely, good healthy mouths to talk business with, good strong teeth to extract the nourishment the better out of the less choice cuts of meat that they will have to chew. It would not take much imagination to visualize the suffering that is most likely to result in the mouths of these unfortunate people after the creditors have taken everything that is takeable when the bankruptcy proceedings are finished. It might be a good idea to suggest to those patients who are on the financial toboggan that their dental repairs are not subject to replevin or to any other legal process.

This little thought should cure the dentist of any tendency to imagine that he can pay his bills with promises to pay. One of the big lessons that we have learned is that:

Imaginary accomplishment is not real accomplishment;
Imaginary reform is not real reform;
Imaginary profits are not real profits;
Imaginary dentistry is not real dentistry; and
Imaginary money is not real money.

Let us look the facts right squarely in the face and quit waiting for the turn of the tide. We are living in the present; we have no control of the future so far as business is concerned. Let us make the best of things as they are and leave to the imagination those things that are imaginary. Let us cleave to sound business methods in the practical things of life. A dollar in the hand is worth a hundred on the bush.

A Generous Gift

The city of Berlin, Germany, has just received a gift of one million dollars from Mr. Julius Rosenwald, of Chicago, for the establishment of a children's dental clinic. Such a gift coming at the time of Germany's financial crisis should be of greater benefit than if it had been made in prosperous times. The fact that an enormous percentage of the people in the capital city of the German Republic are unemployed must necessarily entail great dental destruction and suffering among the poor children. Thousands of ordinarily prosperous families are now reduced to a poverty basis. The future of the city rests with those who are now struggling through childhood. Mr. Rosenwald is building for the no distant future a friendly attitude among those who must, in the natural course of events, become the rulers of trade and of the nation. Dentistry is slowly but surely forging ahead in the development of civilization. Let us hope that many others who have had the good fortune to accumulate large estates will emulate these philanthropists who have turned toward dentistry as a means of benefiting their fellow men.

New
DENTAL DIGEST
Articles Forecast

"BUT this is a new and logical idea in *any* kind of technical journalism!" exclaimed a dentist who was shown a few page proofs of the new *Dental Digest* the other day.

"Why shouldn't all technical information be presented in this way—complete information in the fewest possible number of words—illustrations of everything that can be shown in pictures?

"It reminds me of whoever it was that apologized for writing a long letter because he didn't have time to write a short one. I can see that your editors and contributors have taken time to write short articles.

"Almost all of us shadow-box with a subject before we get down to what we really have to say. These articles appear to *begin* where the *information* begins and to *stop* when complete information has been presented."

As recently announced, *The Dental Digest* has been purchased by Oral Hygiene Publications. It will be published until the end of 1931 by its former owners, the Dentists' Supply Company of New York. It will appear in 1932 as an Oral Hygiene Publication, under the editorship of Dr. Edward J. Ryan of Chicago.

The new *Dental Digest* is to be the magazine that tells how—tells it swiftly—tells it pictorially.

So that space may be provided for illustrations of the type it plans to use, the magazine's page size will be increased to approximately twelve inches deep by nine inches wide. Heavy paper, suitable for fine halftone reproduction, will be employed.

In some cases, illustrations will be printed in full color. This is another innovation in dental journalism.

The dentist quoted in the opening paragraphs of this ar-

ticle saw, for example, an article on osteomyelitis of the mandible, the text of which is confined to about three columns; twelve illustrations occupy more than double the text space.

He saw an article designed to aid beginners in nitrous oxide-oxygen anesthesia occupying less than two pages, including a chart presenting "clinical signs of the stages of anesthesia."

The new *Dental Digest* will in no sense be a "dental *Popular Mechanics*." It will not be a glorified presentation of "practical hints." But the treatment of scientific topics will be limited to an interpretation from the standpoint of the practicing dentist's direct interest.

"A Mechanism of Infection," by Carroll W. Stuart, B.S., M.S., D.D.S., M.D., Chicago, exemplifies this. Dr. Stuart asks, "When patients present themselves with dental and intra-oral infections what potential systemic dangers are they harboring, and under what conditions will their resistance (barriers to infections) be lowest?

"Within recent months," he continues, "investigators have made important discoveries in the field of bacteriology which may possibly be another explanation of the mechanism of infection. These observations should be of particular interest to dentists." Dr. Stuart's six-column article is illustrated with a full page of drawings printed in three colors.

Another feature which particularly appealed to the dentist who saw *The Dental Digest* page proofs was "A Clinical Picture of Vincent's Infection," by Maynard K. Hine, D.D.S. It is presented entirely in the form of an illustrated chart, occupying three pages—outlining diagnosis, general symptoms, microscopic findings, differential diagnosis, etiology, treatment, complications and prognosis.

The illustrations include radiographs and three large photomicrographs in color.

Those who have followed Dr. J. B. Jenkins' immensely popular series on "Showing the Patient" will be glad to find him developing this theme further in the new *Dental Digest*. His forthcoming *Digest* feature will present some twenty-five typical questions asked by patients, each answer being illustrated with a roentgenogram.

Reprints of this will be available to *Digest* readers for distribution to patients.

The new *Dental Digest* is scheduled to appear early in 1932. The publishers hope to bring out the first number January 15, but the exact date will depend upon completion of plans for a publication more elaborate than anything which has yet been offered to the dental profession.

ORAL HYGIENE readers are invited to submit contributions to Dr. Ryan at his present address, 1218 Pratt Boulevard, Chicago, Illinois. He has prepared a booklet of suggestions to authors which will be sent upon request.

LAFFODONTIA

If you have a story that appeals to you as funny, send it in to the editor. He MAY *print it—but he won't send it back.*

Tourist: "Ah me, what a quaint little village you have here. Truly one-half the world is ignorant of how the other half lives."

Native: "Not in this burg, mister, not in this burg."

Hey: "Aren't you wild about bathing beauties?"

Hay: "I don't know, I never bathed one."

"What happens to girls who wear cotton stockings?"

"Nothing."

An old negro preacher was explaining to his congregation the difference between faith and knowledge. "Now, my bredren," he said, "hit's like dis: Dar's Brudder Johnsing a-sittin' on de front seat wid Sister Johnsing and de five little Johnsings. She knows dey's her chillen—dat's knowledge. He believes dey's his chillen—dat's faith."

They were discussing the laziest black boy in Harlem. He stands on the opposite side of the street from an industrious curb peddler of hot crawfish. The industrious salesman, a volcano of activity, sings out: "Here you are! Get your hot crawfish. Cooked in bay leaves. Spiced with chives. Stuffed with red pepper. Salt and peppered. Good and hot. A feast for a king. Here you are—hot crawfish!"

When he has finished the lazy rascal, who also sells hot crawfish, will drawl in a tired voice: "Same on dis side!"—*O. O. McIntyre.*

Salesman: "And what kind of horn would you like, sir? Do you care for a good loud blast?"

Haughty Customer: "No, I want something that just sneers."

Judge: "I cannot conceive a meaner, more cowardly act than yours. You have left your wife. Do you realize that you are a deserter?"

Sam: "Judge, if you know'd dat lady as well as ah does, you wouldn't call me a deserter, Judge. I'se a refugee."

A girl's ambition was to be the kind of a person that people looked up to. Now she prefers to be the kind they look around at.

A Scotch dentist lay dying. With almost his last breath he said to his wife, the faithful companion to his joys and sorrows:

"When I'm to be buried I want a nameplate on my coffin."

"Ye shall have it," assured the widow-to-be; and contentedly the ancient dentist turned his face to the wall.

And on the morning of his funeral the passersby noticed that the polished brass plate which had graced the dentist's doorpost was missing; and the graveside-standers read as they lowered the casket into the earth:

"David MacIntosh, Surgeon-Dentist. Office hours 8 to 5."